Boston University

SCHOOL OF
SOCIAL WORK

❦

LIBRARY
Gift of
Ina S. Burnes

Thesis
Burnes
1947

7799-1

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

A CASE STUDY OF THE CHILD-PARENT RELATIONSHIP AND PARENTAL RELIGIOUS ATTITUDES AS FACTORS IN THE FORMATION OF THE RELIGIOUS ATTITUDES OF TEN JEWISH PATIENTS ADMITTED TO BOSTON PSYCHOPATHIC HOSPITAL BETWEEN JANUARY 1, AND JUNE 1, 1947

A Thesis

Submitted by

Ina Stella Burnes

(B.A., Wellesley College, 1944)

In Partial Fulfillment of Requirements for

the Degree of Master of Science in Social Service

1947

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

School of Social Work
Sept. 29, 1947
1787

TABLE OF CONTENTS

CHAPTER PAGE

I INTRODUCTION 1
  Purpose 3
  Scope of the Study. 3
  Sources of Data 5
  Limitations 5
  Chapter Outline 6

II DESCRIPTION OF THE HOSPITAL AND PATIENT GROUP. 7
  The Hospital - Its Purpose, Function, and Scope 7
  Description of the Group. 8

III ORIENTATION IN THE JEWISH RELIGION 12
  Background - The Torah and Talmud 12
  Differentiation of Orthodox, Conservative, and Reform . 17
  Interpretation of the Dietary Laws. 20
  Interpretation of the Sabbath 22
  Interpretation of Jewish Holidays 24

IV CASE STUDIES 27
  Case Presentations and Interpretations. 27
  Analysis. 56

V SOCIAL CASE WORK IMPLICATIONS. 63

VI SUMMARY AND CONCLUSIONS. 66
  Recommendations 70

VII BIBLIOGRAPHY 73

VIII APPENDIX 76

1787

Digitized by the Internet Archive
in 2016 with funding from
Boston Library Consortium Member Libraries

https://archive.org/details/casestudyofchild00burn

LIST OF TABLES

TABLE PAGE

I DISTRIBUTION OF AGE RANGE 9

II DISTRIBUTION OF DIAGNOSTIC CATEGORIES 10

III DISTRIBUTION OF HOSPITAL TREATMENT DURATION 10

IV DISTRIBUTION OF RELIGIOUS ORGANIZATION OF PATIENTS ACCORDING TO OWN STATEMENT. 57

V COMPARISON OF RELIGION OF PARENTS WITH THAT OF PATIENT. 58

VI COMPARISON OF DEGREE OF RELIGIOUS OBSERVATION OF PATIENTS WITH THAT OF THEIR PARENTS 59

VII DESCRIPTION OF DIFFERENCES IN RELIGIOUS OBSERVANCE IN RELATION TO AUTHORITY, PROTECTION, AND HOSTILITY 60

CHAPTER I

INTRODUCTION

To the writer's knowledge, no study has ever been made of the child-parent relationship and parental religious attitudes as factors in the foundation of religious attitudes in Jewish families. In attempting such a study the writer recognizes fully that the formulation of religious attitudes is not limited to these two factors, but has broad roots in other such vast areas as the environmental, cultural, and social conditions which play upon the individual.

The writer recognizes, too, the speculative aspect of the causation relationship between the child-parent relationship and the formulation of religious attitudes. However, in psychiatric literature there are findings which suggest this hypothesis. To quote from J. Flugel:

> We find that tendencies and emotions connected with the parents can frequently and easily, by a process of displacement bridge over the gulf between kings and gods; and, by their association with the ideas of the divine, become important factors in moulding the religious feelings of mankind. There exists a close and obvious correspondence between the attitude of the young child towards his parents and that of men towards the superhuman powers which he personifies as God, the Divine father.[1]

Rabbi Liebman in "Peace of Mind" states:

> The elaborate structures of atheism (disbelief) are built upon foundations of emotional conflict and disturbed human relationships in the early years of life. . . I believe that much atheism has the ground prepared for it in the disillusionment with the parent which has arisen in the child.[2]

---

1. J. Flugel, The Psychoanalytic Study Of The Family, p. 133.

2. Joshua Liebman, Peace Of Mind, p. 147.

As has long been known, it sometimes happens that skilled novelists illustrate exceedingly well psychiatric situations. Therefore, perhaps it is possible for us to refer to the book "Wasteland" by Jo Sinclair, which concerns the psychoanalysis of the neurosis of Jake, a young Jew. There is a striking section in this book wherein Jake, when aged fourteen, is seated at the Passover table, inspired by the traditional religious ceremony and exulting in the strength and agelessness of his People.

> That was when the terrible doubt hit him across the heart with a sledge hammer. It all stemmed from the focal point of that father, sitting so hypocritically at the head of the table. A father, the teller of the story about the Jews, the head of the family! Yes, but all the time Jake knew (my God, how long had he really known!) that he was stingy, without love for anyone, a smiler at tears, cold as ice and snow. . . His father, a Jew, lived a lie when he pretended to sit like this and tell a beautiful story. It was all a lie. If his father was a Jew, then he didn't want to be a Jew! . . . And if his father was a Jew, then by God all Jews were like his father and he would not be a Jew![3]

Dr. Abram Kardiner, a psychiatrist in the broader field of the techniques of social science, has recently published highly stimulating thinking in this area. Compiling evidence that there is through projection a close relationship between the institutions of a society and the basic personality of the individuals in it, he states that:

> The relationship of the group to the deity is based on the prototype of the relation of parents to child, where the resourcelessness of the latter is supplemented by the omnipotence delegated to him by the child. The character of the demands made on the deity and the conditions under which help can be solicitated from him are derived from the discipline to which the child is subjected.[4]

---

[3] Jo Sinclair, Wasteland, pp. 63-66.

[4] Abram Kardiner, The Individual and His Society, p. 473.

Purpose

It is the writer's intention in ten case studies showing varying religious viewpoints of Jewish patients, to present a description of the nature of the child-parent relationship and also a description of the source and quality of parental religious training. A connection between the child-parent relationship and the formation of religious attitudes is suggested for speculatory purposes. Among Jewish patients admitted to Boston Psychopathic Hospital between January 1 and June 1, 1947, there has been a variety of religious organization, ranging from the rigidity of the Orthodox Synagogue to the far greater freedom of the Reform Temple. Also, there has been one patient who has broken from Judaism to the point of now regarding himself as an atheist. It is hoped that from these case study findings we may gain information on: 1) the nature of the religious organizations of this group of patients in relation to that of their parents, i.e. to what extent is there a change in organization between them, 2) the extent of the religious education given to the patients, 3) in what cases was there a marked change in religious attitudes from parent to child, 4) in the case instances of marked change in religious attitude was there a difficult child-parent relationship, and 5) what are the casework implications of these findings.

Scope of the Study

The scope of this study on factors in the formulation of religious attitudes may be divided into three main categories: 1) a determination of the patient's and the patient's parents' religious organization, 2) a study of the parent-child relationship, and 3) a study of training, or the educational factor.

In determining the patient's and the patient's parents' religious organization, certain arbitrary definitions had to be made because of

the writer's limitations in approaching a religious topic. Determination of Orthodox, Conservative, and Reform was arrived at on the basis of the patient's own statement of organization choice or membership. Where the term "atheist" is used, this is the patient's own evaluation of his belief. An evaluation of the extent and degree of the patient's and also of the parents' observance was obtained through descriptions of these.

In considering studies of the parent-child relationship, it was felt that an understanding of this was necessary to determine the source and extent of the religious training which the child received from the parents, also his reaction to it. It is presumable that a certain amount of authority had been a tool in bringing the child to religious training. It is a well known theory that the authority of the parent may be projected onto God, and that there may be a connection between the attitude held towards the parent and that held toward God. Hence, in selecting areas of the child-parent relationship for investigation, the pertinent ones of authority, and, on the basis of the same theory, of protection were selected. Investigation was made of the parental source of authority in relation to a) source of punishment, b) source of permission, and c) final source of decision. The parental source of protection was investigated from the aspects of a) source of leniency, and b) source of emotional support. In obtaining information, the patient's reactions and attitudes towards the parental relationship were evaluated and correlated with the findings regarding these mentioned in the patient's case record.

It seemed reasonable to assume that another important factor in the development of religious attitudes was the element of direct training in religion. Hence, the educational factor was considered. Besides determining the extent of the formal religious education of the patient, to meet the purposes of this study, an evaluation of parental attitudes

and training around religious observances (ritualism and frequency of temple attendance), cultural heritage (feeling around what being Jewish means), and Jewish ethics (feeling and instruction around right and wrong) was made. Differences in these areas between the parental attitude as described by the patient and the patient's own attitude were noted and correlated with the child-parent relationship.

It is suggested that the reader consult the appendix for a copy of the schedule followed. It will be noted that the first section of the schedule is devoted to family background information, which was secured from the hospital records.

Sources of Data

Data for this study were obtained from interviews with Jewish patients admitted to Boston Psychopathic Hospital between January 1 and June 1, 1947. Because of the nature of the material, an indirect interviewing technique was used. The number of interviews necessary to obtain the desired material varied between two and ten. Relatives of the interviewed patients were not consulted. In one case instance, however, a parent was interviewed for collaborative purposes. The hospital case records were utilized freely as information sources, also as a means of checking on the nature of the material obtained from the patient in the interview situation. Of necessity, the basic criteria for selecting the case-study patients became that of orientation. Only patients in good contact with reality were studied.

Limitations

Because of the relatively few cases, this study is necessarily limited. Any conclusions that are drawn are applicable only insofar as the cases studied are concerned. It must be recognized, too, that these

case studies are based on patients hospitalized for mental disorder and hence represent the pathological and the deviant in contrast to the normal and the usual. However, it is frequently through investigation of the abnormal that we are assisted in understanding the dynamics of the normal, so that the making of this investigation was regarded as worth while despite this limitation to its validity.

Because of the subjective nature of the material, it was a little difficult for the writer to remain completely objective in her interpretations of interview content. Wherever possible, therefore, she has utilized the evaluation and opinion of the patient's own psychiatrist. Then, too, the writer would like to acknowledge here that this entire thesis project was written under the supervision of a psychiatrist, whose particular interest focus lies in the cultural area. Without his invaluable assistance, this study could not have been undertaken.

Chapter Outline

Before presenting the ten case studies, their interpretation and analysis, it will be necessary to provide an orientation in the background of this investigation. Accordingly, the next Chapter will furnish a brief description of the function of the Boston Psychopathic Hospital and a description of the group studied. The following Chapter will provide an orientation in the Jewish religion. Chapter IV will present the actual case studies and attempt an interpretation of the factors in the formulation of religious attitudes in each individual case, also an analysis of the total findings. Chapter V will, on the evidence gained from this study, point out the importance of these findings to social casework practice. The final Chapter will present a summary and a statement of conclusions.

CHAPTER II

DESCRIPTION OF THE HOSPITAL AND PATIENT GROUP

In order to better orient the reader to the background of the project out of which this study comes, a brief explanation of the set-up of the Boston Psychopathic Hospital and also a description of the case study group may be helpful.

The Hospital - Its Purpose, Function, and Scope

The Boston Psychopathic Hospital was formally opened as a department of the Boston State Hospital on June 24, 1912. The purpose of the hospital at that time as shown in the Twelfth Annual Report of the Massachusetts State Board of Insanity was as follows:

> The Psychopathic Hospital should receive all classes of mental patients for first care, examination and observation, and provide short, intensive treatment of incipient, acute and curable insanity.[1]

For this purpose one hundred and ten beds were made available in the building with laboratories and other facilities for the treatment of mental disorders. A large staff not only worked with the patients but also gave clinical instruction to medical students, nurses, and special workers in these and allied fields of work. In contrast to other psychopathic hospitals, the Boston Psychopathic Hospital was set up as an institution essentially of the temporary care type

> for the observation and treatment of incipient mental disorders as well as psychopathic conditions not properly coming within the scope of the state hospitals.[2]

---

[1] James May, M.D., Mental Diseases, p. 108.

[2] Ibid., p. 109.

Until 1944 the number of patients admitted to Boston Psychopathic Hospital averaged approximately two thousand yearly. Since 1944, however, the emphasis of the hospital has changed from a preponderance of diagnostic work to combined diagnosis with treatment.[3]

Patients come to the Boston Psychopathic Hospital today under any one of the following legal status: 1. Section 79 for temporary care (not to exceed ten days); 2. section 100, more commonly known as court cases, who come to the hospital to see if mental disorder exists; 3. section 77 for thirty-five days observation; 4. section 51, which allows for an indefinite period of observation and treatment; 5. voluntary patients.

Description of the Group

Between January and June 1, 1947, thirty-eight Jewish patients were admitted to Boston Psychopathic Hospital. Thus the ten case studies comprising this project represent more than a quarter of the patients here during this interval. Of the total group of thirty-eight patients, twenty-one were seen by the writer. Eleven were discarded for a variety of reasons. As has been stated previously, of necessity the primary factor in the selection of the patients was good orientation and contact with reality. Also, the patient's willingness to give information regarding schedule material altered case selection. Under these conditions no rigid Jewish patient sampling system could be affected. However, in considering interview candidates, effort was made to include variation in sex, age, and diagnosis, as well as variation in religious organization. It might be mentioned at this point that the writer had hoped to be able to supply material contrast through an equalization of interviewing of

---

[3] Anne Ogilby, Environmental Factors and Mental Disturbance, Simmons College, 1946. P. 5.

Orthodox and Reform patients. It was interesting, therefore, that she was unable to carry through this intention because of the comparative non-admittance of Reform patients to the hospital during the project period.

In this case study group, totaling ten patients, the reasons for their admittance to the hospital are of interest. Six patients were admitted under law section 79, two under section 51, one under section 77, and one under section 100, the meaning of these law sections having been previously explained.

The sex differentiation of the group is about evenly divided, since it included six males and four females. The age groupings ranged from sixteen to fifty-seven. Their distribution may be pictured as follows:

TABLE I.

DISTRIBUTION OF AGE RANGE

Age	Male	Female	No. of cases
0- 9	-	-	-
10-19	3	-	3
20-29	1	-	1
30-39	1	2	3
40-49	-	2	2
50-59	-	1	1
		Total	10

Thus it will be noted that the group includes three boy adolescents, while the female age range was more heavily weighted in the middle life period.

The broad diagnostic categories into which the patients are divided can be illustrated in summary:

TABLE II.

DISTRIBUTION OF DIAGNOSTIC CATEGORIES

Diagnosis	Male	Female	No. of Cases
Schizophrenia	3	2	5
Manic Depressive Psychosis	1	2	3
Psychopathic personality	1	-	1
Behavior Problem	1	-	1
		Total	10

In presenting a table of this kind, it should be emphasized that this does not include the more descriptive categories or concommitant pathological features which may constitute the fuller case situation. This additional information will be included where applicable in the individual case studies.

To furnish a fuller comprehension of the group of patients studied, some statement regarding their length of treatment at this hospital should be submitted. The distribution of treatment duration is illustrated as follows:

TABLE III.

DISTRIBUTION OF HOSPITAL TREATMENT DURATION

Approximate Weeks	No. of Cases
0- 2	2
3- 5	4
6- 8	2
9-11	1 (indefinite)
11-27	1
Total	10

It will be noted that in this selected group of patients the largest length of stay group lies in the three to five weeks area. One case was marked as indefinite as the patient, at the time of this writing,

is still confined, although she has progressed to the pre-discharge ward. In the case where the patient remained at the hospital for twenty-seven weeks, this did not constitute the duration of illness symptoms, but rather was a part of a social treatment plan.

Of the ten patients studied, eight were released to their homes at the conclusion of the hospitalization treatment period. The remaining two suffered disintegratory processes subsequent to the writer's contact with them and were transferred to other State hospitals.

CHAPTER III

ORIENTATION IN THE JEWISH RELIGION

The writer feels keenly her limitations in attempting the task of providing orientation in the Jewish religion. However, it is essential that there be some brief discussion of this to furnish a background against which there can be interpreted the statements of the patients regarding their training and attitudes around religious observances and ritual, cultural heritage, and ethics. The aim of this chapter is not to present any thorough exposition of Judaism, but rather to supply definition and terminology material.

As way of introduction, it should be stressed that the Jewish religion is an outgrowth of history, responsible to history for much of its essence. No one person is the creator of the Jewish religion, no one teacher declared it in its completeness, and no one book teaches all of Judaism. Many people thought, preached, and taught it. Thus, unlike other religions, Judaism is a product of a whole people. It is not dependent upon any one individual - it is a racial, a national product.[1]

According to Biblical teaching, Abraham, in 2,000 B.C.E. became the father of the Jewish people when he called his family together before his tent of black goats' hair and bade them follow him across the desert country into a new place where they might worship the one God.[2] Six hundred years later we see the Hebrews in Egypt toiling under the shadows of the pyramids, setting out under Moses to find the Promised Land.

---

[1] Israel Levinthal, Judaism, An Analysis and Interpretation, p. 18.

[2] Rabbi Lee Levinger, The Story of the Jew, p. 15.

However, it is the exodus of the Israelites from Egypt in approximately 1200 B.C.E. that is considered the central incident in the political and religious history of the Jews. With their liberation from Egyptian bondage, they began their life as a free people.[3] According to the evaluation of historians, it was Moses who created a nation out of the released slaves, through writing, with the help of disciples both during and after his lifetime, the first five books of the Bible (Genesis, Exodus, Leviticus, Numbers, and Deuteronomy), this section being known to the Jewish people as the Torah, a Hebrew term meaning "instruction" or "law".

To keep the Israelites effectively separated as a people, the Torah, or the laws of Moses, ordained rites and observances which were intended to strengthen their national consciousness and moral fibre. Here are included the Ten Commandments, the dietary laws, the basis for the High Holidays, Sabbath rulings, and educational precepts, all to be discussed fully in a future section. Then too, laws relating to sacrifice, to the installation of priesthood, to uncleanliness and holiness, were set down as regulations at this early time. The Torah demanded personal holiness as well as justice and righteousness in social relations.[4] The importance of the Torah to the Jewish religion cannot be over-emphasized. To this day, sections from it are read at every Service.

The other primary foundation-stone of the Jewish religion is the Talmud. Significantly, the origin of this group of books springs likewise from the necessity for meeting the problem of religious survival. In 586 B.C. Judea was conquered by the Babylonians, the Temple was laid in ruins, and its ritual brought to an end. Recognizing that the

---

3. Paul Goodman, History of the Jews, p. 2.

4. Ibid.,p. 4.

distinctiveness of the Israelite people had always rested on its religion which had centered around the Temple, the Jewish leaders were forced to ask themselves by what means that distinctiveness could be maintained now that the sanctuary had fallen, and the people, resident in a foreign land, were exposed to powerful alien influences. The solution which they evolved went back to the Mosaic Torah, the above outlined body of doctrine, written and oral, which had come down to them throughout the hundreds of years since its revelation. Also, during the interval between these important periods in history, some of the prophetical writings and psalms had been written. These relics of their former national life constituted the only rock upon which the exiled Jews could stand securely in a Gentile land until God should restore them to their homeland. The Torah, plus the other less important books now constituting the Bible, must be forced upon their hearts; then they would remember that, though in Babylon, the sacred obligation rested upon them to remain a people apart. The Jews could not be segregated in space. If, then, the Jewish nation were to be preserved, it must be ringed around "by a burning faith as by a frontier of fire".[5] The Jew must be demarcated from his neighbors not merely by a creed, but by a mode of living. His manner of worship would be different; his home would be different; even in the common acts of daily life there would be distinguishing features which would constantly recall his Jewishness. His life, in every detail, was to be controlled by the Torah. However, prerequisite for the achievement of this aim would be knowledge of the Torah.[6] The masses must not only read the Torah but must understand the reading. The Torah may be likened to the Constitution of the United

---

[5] A. Cohen, Everyman's Talmud, p. xvii

[6] Ibid., p, xix

States. The Talmud is really a collection of discussions on the Torah, similar to Supreme Court decisions, showing how the rabbis and sages explained certain disputed laws with added parables and stories so that the basic work might be comprehended and protected from being misconstrued. So complicated did the decisions become, that it took over 500 years to compile all the books of the Talmud. At its completion, the Talmud covered the areas of civil, criminal and religious law; agricultural law, blessings and prayers; festivals, laws for the holy days and the Sabbath; women, laws for marriage and divorce; damages, laws of property; sacred things, rules for sacrifice and the Temple Services, even though there were no longer sacrifices and a Temple; purification, laws for cleansing after ritual defilement.[7] These rules were the laws of the entire Jewish community, no matter where or how few persons might constitute this. The Talmud, then, constituting the authority source on the Jewish religion and law, took the place of a Jewish homeland and a Jewish government.

The writer has expanded on the description of the Torah and of the Talmud because these works have so consistently and differentiatedly shaped and molded the Jewish personality and culture. The religious training of the Jew emphasizes law and morality, i.e. ethical control. It has been interesting to note in connection with this, that according to Boston Psychopathic Hospital statistics, in the past five years only 332 Jewish persons were admitted under the category of court cases from a total of 1996 such patients, indicating a possible conclusion from this one source of statistics, that, as a group, they represent a markedly law-abiding people. It is interesting, too, that in this religion which sets

---

[7] Rabbi Lee Levinger, The Story of the Jew, p. 81.

down 613 rulings for regulating living in its various spheres, higher proportions of admission ratio among Jewish patients fall into the diagnostic areas of the affective psychoses and psychoneuroses, implying a possibly low emotional support value element in the religion due to the inculcation of a highly charged superego in the process of religious training.

It is a well accepted fact that the greatest theological contribution of the Jewish people was the concept of monotheism, or the idea of One God, God the Father, around which concept both the Torah and Talmud are woven. It might be mentioned here that the writer was particularly interested in the provocative, culturally oriented thesis of Mrs. Lilian Bye, "The Mother's Status in Different Culture Groups and Its Importance to Case Work Treatment", as in this work she summarized the Jewish God figure as the Lord, the Ruler, the Judge, the powerful exponent of vengeance and punishment, and as the Omnipotent and Unequaled.[8] She termed this the basic concept from which there developed a strongly patriarchal culture amongst the Jewish group. It is interesting to note in this connection that in Judaism the religious training of males is more emphasized than in that of females. The Torah and Talmud, written to unite and segregate the Jewish people, make religious training of children mandatory. To quote from Deuteronomy 5:4-9, "These instructions that I am giving you today are to be fixed in your mind; you must impress them on your children, and talk about them when you are sitting at home, and when you go off on a journey, when you lie down and when you get up; you must bind them on your hand as a sign, and they must be worn on your

---

[8] Mrs. Lilian Bye, The Mother's Status in Different Cultural Groups and Its Importance as It Relates to Case Work Treatment, p. 18.

forehead as a mark; you must inscribe them on the doorposts of your house and on your gates". Moreover, it is decreed that the father has the obligation to pass on to his sons instruction in the religious teachings of the Torah and Talmud. The fulfillment of this obligation toward his son is celebrated in the ceremony of Bar Mitzvah, which occurs when the boy is aged thirteen. At this time the boy reads in Hebrew from the texts of the Torah and Talmud in the Synagogue. By so doing, he symbolically proves his readiness for manhood, wherein, knowing the Law, he assumes self responsibility in God's eyes. The training of the daughter, on the other hand, is less specific. Rather than emphasizing scholarly study, it consists of training in the method of preparation and execution of the traditional ceremonial observances and rituals.

Differentiation of Orthodox, Conservative and Reform

In view of the marked success with which the Jews have maintained their identity through clinging to the Torah and Talmud during the persecutory periods of Babylon and Spain, the Ghettos of Europe, and the pogroms of Russia, it is surprising to learn that within the last one hundred and fifty years there has been a movement for differentiation based on degree of observance within the people themselves. The writer's attempts to distinguish the group differences must necessarily be descriptive as she feels incapable of attempting this with regard to dogma.

According to the Orthodox viewpoint the Torah was divinely revealed, hence should be observed to the letter of the Law. Old traditions are maintained. Men and women are separated in the Synagogue, or Shule, i.e. the Orthodox place of worship. Until this generation, Orthodox married women shaved their heads and wore wigs in place of their own hair; this was done to make themselves unattractive to men other than their husbands.

In the Synagogue there is no music other than the chanted prayers of the Synagogue Cantor. Yarmolkes (small black caps), also Talliths (prayer shawls) are worn by the men, not only there, but also in the home while praying. The historical origin of this goes back to the Torah, the book of Exodus. According to Jewish interpretation, when Moses went to Mt. Sinai to receive the Ten Commandments, he approached God from the rear as "You may not see my face, for men cannot see me and live" (Exodus 33:20). Moses is supposed to have related to the people that at this time God was wearing a tallith and yarmolke, so that the wearing of these symbolizes a striving towards holiness, i.e. God's image. The Orthodox, too, perform the three times daily ritual of davening in the home or Shule (Synagogue). This prayer ritual consists of binding a leather thong on the left arm nearest the heart, and extending this around the forehead. A tephillin, or small box containing the Shma prayer ("Hear Oh Israel, the Lord Thy God, the Lord is One") is attached to the arm and kissed in the process of this prayer ceremony. The symbolism goes back to the previously quoted section of Deuteronomy 5:6 which commands the Jews to remember God's instructions on lying down and getting up and binding them on the hand as a sign, i.e. strict adherence to the Law. It might be mentioned in this connection that a distinctive or unique feature of Jewish ceremonialism is that along with its purpose of preserving the Jews as a people, there is an emphasis on "this worldliness". Its emphasis is upon morality, upon conduct rather than dogma or creed. Where other religions stress theological beliefs, Judaism stresses ethical precepts. Jewish precepts are not divided into the categories of "This thou shalt believe" and "This thou shalt not believe." Rather, they fall into the categories of

"This thou shalt do" and "This thou shalt not do."[9] Further Orthodox ritual is strict adherence to the dietary laws and to the Sabbath. These will be explained in separate sections. The Orthodox service is entirely in Hebrew; Yiddish is the conversational language. Here we see essentially the same type of worship as has been carried on throughout the centuries, with the pattern of segregation continuing more strongly in this than either of the other two divisions of Judaism.

Reform Judaism, approximately a hundred years old, has the philosophy that the Torah was divinely inspired rather than divinely revealed. Hence, its rulings may be regarded in the light of history, permitting a re-evaluation of the nature and extent of ritualistic observance. Reform Judaism has as its basis, too, the thinking that religious observance as such should be carried on in the home and Temple, but should not interfere with participation in other aspects of nationalistic living in the countries to which the Jews have elected to immigrate. Accordingly, the Reform Jew does not observe dietary laws. Men and women sit together in the Temple, and the service is largely in English. Music is permitted and hymns are sung. No Yarmolke or Tallith is worn, and the ritual of davening is obsolete here. The High Holiday observance is limited to one day and the more stringent rulings, as non-cooking on the Sabbath, are relaxed.

Conservative Jews in their practices can best be described as following a mid-course between these extremes, some Conservative Temples tending more towards the Orthodox, others towards the Reform.

The difference in educational emphasis between Orthodox and Reform should be mentioned here. The Orthodox child attends Hebrew School daily

---

[9] Israel Levinthal, op. cit., p. 27.

with the exception of the Sabbath. Here he learns Hebrew, studying the alphabet and prayers. Here, too, he learns such prayers as the Kiddish, a Sabbath prayer, and also the Kaddish, the prayer for the dead. Then he studies the Torah, going on after this to an investigation of the teachings of the prophets and eventually to Talmud reading and discussion. He may, perhaps, even learn modern Hebrew as a language. In contrast, the Reform child attends only Sunday School, learning Jewish history, the meaning of holidays, and ethics. Hebrew may or may not be taught at a Reform Sunday school. Whereas the Orthodox boy, having learned to read the Torah and Talmud and to say the most important prayers, is Bar Mitzvah at age thirteen, the child brought up in the Reform tradition may or may not be Bar Mitzvah, but, whether boy or girl, is confirmed following the completion of the Sunday School course at approximately aged sixteen.

The Interpretation of the Dietary Laws

The purpose of the dietary laws is probably two-fold. Firstly it is a means of establishing Jewish separatism, or, conversely, a means of establishing a national unity.[10] Then, too, the Torah stresses the regulation of the bodily appetites, demanding outward and physical holiness. As a people set apart to be God's own, they must be distinguished from all others by an external consecration, by outward rites which in themselves help to constitute holiness.[11] The dietary laws are set forth in three books of the Torah; Exodus, Leviticus, and Deuteronomy. Obedience to them is obedience to the law, suggesting moral purity in God's eyes, as the keeping of them necessarily demands self control.

---

[10] Morris Joseph, Judaism as Creed and Life, p. 178.

[11] Ibid., p. 179.

There are various laws prohibiting the eating of certain types of food. "Of all the things that live in the water you may eat the following: Whatever has fins and scales living in the water, whether in sea or stream you may eat, but whatever has not fins and scales, living in sea or stream must be detested by you," (Leviticus 11:10). Thus lobster, oysters, and other shell-fish are prohibited. Also in this section of laws related to uncleanliness are statements regarding the kinds of animals and birds which may be eaten, also those forbidden as being unclean. It is interesting that no vegetable growths are prohibited. Another dietary prohibition is "you must not eat anything that has died a natural death," (Deuteronomy, 14:21). In view of this ruling, additional regulations to cover the killing of animals had to be formulated. According to the resultant laws, warm-blooded animals may be eaten only if they are ritually slaughtered, i.e. if they are slaughtered in the manner used in ancient times in the Temple when animal sacrifice was still practiced. The knife used in slaughtering must be sharp to cause the animal no unnecessary pain. The animal must not be stunned before slaughtering, for stunning prevents the free flow of blood, and the absorption of the blood in the meat makes the food prohibited. To insure the animal's speedy death, and also so that animal diseases may be noted, only a person trained in slaughtering, termed a "shohet", who has received authorization to perform his duties by the Rabbi, may perform this task.[12] An animal so killed is termed "kosher", i.e. fit for eating.

In addition to the various laws prohibiting certain kinds of food and determining the preparation of meat, there is another ruling against "boiling a kid in its mother's milk," (Deuteronomy, 14:21). The great Torah scholar, Maimonides, states that this ruling was originally intended

---

[12] Louis Finkelstein, The Religions of Democracy, p. 83.

to extirpate idolatrous practice, as this was still being practiced by the Jews up to and during Moses' time.[13] The interpretation of this ruling is a prohibition against cooking or eating the meat of any warm-blooded animal with milk, or a derivative of milk. Hence, meat and milk or butter or cheese cannot be served at the same meal. To avoid a possibility of mixture, Orthodox Jews use two types of dishes, one set used for meat foods only, the other exclusively for dairy foods.

The Interpretation of the Sabbath

The degree of the keeping of the Sabbath varies considerably between the Orthodox and the Reform, but it applies equally to both. We will see in a case study (case #4) how adherence to observance of the Sabbath prevented a father from attaining a higher position, with subsequent increased pay, at a time when funds were badly needed for family needs.

The keeping of the Sabbath is commanded in three places in the Torah. The fourth commandment, as given in the book of Exodus, reads "Remember the Sabbath day, and keep it holy. Six days shalt thou labor and do all thy work; but the seventh day is a Sabbath unto the Lord thy God, in it thou shalt not do any manner of work, thou nor thy son, nor thy daughter, nor thy man-servant, nor thy maid-servant, nor thy cattle, nor the stranger that is within thy gates; for in six days the Lord made heaven and earth, the sea and all that in them is, and rested on the seventh day; wherefore the Lord blessed the seventh day and hallowed it." In essence the Sabbath rulings express that: 1) the Sabbath is a Holy Day, 2) it commemorates creation and serves as a reminder that behind the world stands God, the creator of all, and lastly, 3) at one time the Jews

---

[13] Louis Finkelstein, op. cit., p. 84.

were slaves and should, therefore, have sympathy with those who suffer. According to some biblical teachers, consideration for strangers and servants, etc. is one of the bases of Jewish emphasis on social consciousness.[14]

The Sabbath, like other Jewish holidays, is observed in the home and in the Synagogue. In the home the mother kindles the Sabbath candle lights, recites a prayer over them, and serves a special celebratory meal. The father, too, offers a prayer either over a cup of wine or over the Sabbath loaves of white bread. This prayer, kiddush, is a Hebrew word meaning "sanctification". The recent work of Robert Bales on cultural differences in rates of alcoholism might be referred to here. Because in Jewish culture wine is sacred and drinking is an act of communion, alcoholism in the Jewish culture is rare. Drunkeness is a profanity, hence the idea of drinking arouses a counter-anxiety so strong that very few Jews become compulsive drinkers.[15]

In the Synagogues, the Sabbath is observed with special services Friday evening and all day Saturday until sundown in the Orthodox Synagogue, Saturday mornings only in the Reform Temple. The Orthodox observe strictly the "thou shalt not work" aspect. In an Orthodox home no food can be cooked or fire can be lighted during this interval; instead, this time should be devoted to thinking about the teachings of the Torah and Talmud. According to Rabbi Cohon, the Sabbath is the most important of Holidays. At the Sabbath Eve services in the Synagogue a prayer is read which brings out the importance of the day: "and the children of Israel shall keep the Sabbath, to observe the Sabbath

---

[14] Beryl Cohon, op. cit., p. 100.

[15] Robert Bayles, Cultural Differences in Rates of Alcoholism. Quarterly Journal of Studies of Alcohol (March 1946), p. 493.

throughout their generations, for a perpetual covenant. It is a sign between me and the people of Israel forever."[16]

Interpretation of Jewish Holidays

Because Judaism is dependent upon the Jewish people and not upon one personality, the principal Jewish Holidays are national, commemorating the historical experiences of the people.[17] The second characteristic of the Jewish holidays is that they are of a religious nature. There are no secular holidays in Jewish religious life. It is because of the essential religious nature of the holidays, that the extent and degree of their observance is a measuring rod of the quality of the religious training and resultant formulated religious attitudes. As has already been noted, there is a difference in length of observation of the Jewish religious holidays between the Orthodox and Reform groups.

The High Holidays of Judaism, or Days of Awe, are Rosh Hashanah and Yom Kipper. Rosh Hashanah commemorates the ceasing of Jewish serfdom in Egypt and the beginning of the new year. At this time the Shofar, or ram's horn, is blown in the Temple to call back the strayed sheep to the fold, to reaffirm faith in God. Yom Kipper is perhaps the most important Holiday. It is the "Day of Atonement", following soon after Rosh Hashanah, and symbolizes the Sabbath of repentence for sins. No food is eaten on this day. It was on Yom Kipper that the Jewish people were forgiven by God for having worshipped the Golden Calf. It was on Yom Kipper, too, that God gave Israel the second tablet of the Law (the Ten Commandments) in place of those broken by Moses after Israel's sinfulness.[18]

---

[16] Beryl Cohon, *op. cit.*, p. 102.

[17] Israel Levinthal, *op. cit.*, p. 28.

[18] *Ibid.*, p. 19.

The three joyous festivals of Judaism are Passover, Shabuoth and Sukkoth. Passover commemorates the departure from Egypt under Moses, it is like a birthday of the Jewish people because our forefathers did not become one people until Moses freed us from slavery and gave us our law to live by."[19] At this time there is a commemoratory "Seder" service in each Jewish home. Food symbolism is used in this service - for example, matzoh is the "bread of affliction", recalling that the Jews left Egypt so hastily that they ate unleavened bread. Horse radish is used to remember the bitter lives led in Egypt, etc. Shabuoth is the "Feast of Weeks", commemorating the giving of the law to the people. Sukkoth is a reminder of the harvest that the Israelites gathered in ancient days, or the protection of God for all the people during their wanderings in the wilderness.

Thus we see that ceremonies and observances have been created and accepted by the Jews as a defense measure to guard against annihilation, to help preserve and maintain national existence. Perhaps we can say that what a country does for the national life of other people, ceremonies and rituals do for the Jews.[20] Adherence to them is the injunction of the Torah as a means of protecting and instilling morality in earthly life, for the God of the Jew is a moral God and the constant thought of Him is a conditioning factor in the living of a good life. The effect of this emphasis has been the creation of a distinct cultural as well as religious group.

---

19. Rabbi Beryl Cohon, op. cit., p. 121.

20. Israel Levinthal, op. cit., p. 107.

In the following chapter, we will have an opportunity to gain an acquaintance with the religious attitudes of patients in 1947, when the Conservative and Reform movements present a challenge to certain elements of the traditionalism of Judaism. Accordingly, we will see the educational factor of training as this has been passed on to them through formal education and through the absorption of parental religious attitudes. Then, too, we will be able to conjecture regarding the additional factor in attitude formulation of the psychological and subjective reaction to parental training as this is expressed in the variances between the training and the patient's own religious attitudes.

In the following chapter, we will have an opportunity to gain an acquaintance with the religious attitudes of patients in 1947, when the Conservative and Reform movements present a challenge to certain elements of the traditionalism of Judaism. Accordingly, we will see the educational factor of training as this has been passed on to them through formal education and through the absorption of parental religious attitudes. Then, too, we will be able to conjecture regarding the additional factor in attitude formulation of the psychological and subjective reaction to parental training as this is expressed in the variances between the training and the patient's own religious attitudes.

CHAPTER IV

CASE STUDIES

Case #1

Benjamin, a sixteen year old boy who had lived throughout his life in a Boston suburb, was referred to Boston Psychopathic Hospital for observation because of a feeling of unreality and confusion, an inability to concentrate and difficulty with school work, and his belief that people were against him. He had left school in the eighth grade, attempting at this time to leave home to join the Service. He was the ninth of ten siblings, among whom were numbered several professional people and highly trained technicians. Prior to the onset of his illness he had been regarded as perhaps the smartest of all the children. Benjamin's father, born in Germany, is a Deputy Sheriff. His mother was born in a large city in this country. To quote from the case history, the father was a stern man who ruled the family by strong arm methods. The mother had come from a home where money meant everything.

In discussing the patient's religious organization with him, he stated that he supposed he was a Conservative Jew - at least his family belongs to a Conservative Temple - but he does not care much for religion. He is too young to be a member of any temple in his own name, and isn't sure he would bother if he could. He had resisted religious school training and eventually this was no longer forced. Now he does not choose to attend Temple voluntarily - nor has he any wish to observe the dietary laws. He volunteered that he sometimes thinks about God, but God would not help him - so what's the use. In response to questions about his parents' religious organization, the patient said that his father was brought up in the Orthodox Church, but selected a Conservative Temple for membership after becoming interested in politics. The father does not adhere strictly to the dietary laws, yet is strict regarding Temple attendance on Holidays, and, in general, is more ritualistic than the mother. His mother attends Temple less frequently than her husband - but always on High Holidays. She is too busy with the children to carry out much ritual. The patient thought she enjoyed the social life of Temple attendance.

In discussing his relationship with his parents in the home, the patient commented that he wondered which parent hated him the worst. As far as protection is concerned, his mother is "softer" than his father. However, according to him, neither parent was particularly lenient; a sister would usually take his part. He would sooner turn to his mother than to his father. In the area

of authority, the father was the source of punishment. The patient said that he had frequent arguments with his father - "father was nervous and a bully". The mother was more permissive than the father. It was she to whom he went for permission regarding small things, as his father "couldn't be bothered talking to inferiors". In decision-making the mother handled the every-day activities of the children, but the father was the general boss, giving orders and exercising general control. According to the patient, the father was somewhat less severe regarding punishment with his daughters than with his sons. In discussing his parents, the patient showed hostility toward both mother and father, calling his father a bully and his mother ineffectual.

The patient's parents wished the patient to have religious training and he was forced to receive religious education in his early years. As he grew older, however, there was an increasingly laissez faire attitude regarding this, in view of his increasingly apparent opposition to authority and education in general. Early strict adherence to Sabbaths and to Holiday observances were taught. The father emphasized religious observances more than did the mother. He was taught that it was good to be a Jew, although it had its social inconveniences. The father emphasized the traditionalism of Judaism, having the attitude that we do things because our forefathers before us did them. As far as training regarding the ethics of Judaism is concerned, in this family there was much ambition to get ahead. Emphasis was put on education rather than on the more limited scope of ethics. Respect for the law was insisted upon, however. The father was more active in religious training than was his mother. In comparison with his parents' training, the patient showed no interest in ritualistic observance, but thinks there is a God, although this God does not help him. He has no feeling for a Jewish cultural heritage. Rather, he spoke of feeling a physical inferiority, i.e. his big nose. He reacts to the law emphasis in his training by breaking rules.

In this case situation we see a limited breaking away from parental religious training by this adolescent who has been subjected to a stern, disciplining father, to an unaffectionate, harried mother, and to the competition of being the ninth of ten siblings. A possible explanation of his religious deviance from the parental attitude is that his early religious training was forced upon him, and he reacted to this with the passive pattern of withdrawal and non-assimilation which he later utilizes in leaving home and school and attempting to join the Service. Still another explanation might be that here we have a picture of a rejected

child who projects onto God the feeling which he has towards his parents - that sometimes he thinks about God, but God wouldn't help him - so what's the use. His father didn't "bother" with his children so why should he "bother" with religion. Integral, too, to such an explanation, would be the fact that the patient's religious training emphasized law and punishment for non-observance of law, a pattern in close association with the father's method of family control. The patient has unsuccessfully handled his hostility towards his parents through projecting his own hate feelings towards them into "I wonder who hates me the worst" and through passive withdrawal and attempting to break away. He may be projecting his own inability to have faith in God into "God would not help me". Also, he is unable to break completely from the religious training of his parents, retaining his Conservative status, although rebelling against the observances and ritualism integral to this.

Case #2

Edith, a thirty-seven year old married woman, was admitted to Boston Psychopathic Hospital for observation because of marked mood swings typified by elation and depression. During elation periods she would play the great lady, contacting notables and writing creatively. The patient had been admitted to this hospital twenty years previously, the onset of her illness at that earlier date showing itself through her parading down the street in a white nightdress, carrying flowers and bowing to her audience. Diagnosis was manic depressive psychosis. From the case history it was learned that the patient's father had come from Russia to this country in approximately 1900, her mother following with the children three years later. The father held numerous jobs, earning high wages and spending these on other women. Periodically he would be discharged for incompetence, but despite this remained a handsome, glamorous figure. In contrast, the mother was described as a fine, hard-working person, who early lost her attractiveness due to worry, ten pregnancies of which only three children survived, and from the necessity of supporting the family. The father had left the home when the patient was aged eleven, and returned when she was fifteen. A part of her illness was incestious wishes towards her father. The patient is a high school graduate. Prior to her first illness she had worked for a music company.

In discussing her religious convictions, the patient explained that she did not know what to term herself. Prior to her marriage she had enjoyed attending a Reform Temple. However, she now goes to the Synagogue with her husband who is highly Orthodox. She is not a church member. The patient received a considerable religious education, learning the Hebrew alphabet and prayers from the Rabbi who came to the house to prepare her brother for Bar Mitzvah. As a child she had attended Synagogue regularly, having to accompany her aged grandmother there every Saturday and Holiday. Through this enforced discipline, she learned to be obedient and to listen, although she rebelled slightly due to her inability to understand the services which are entirely in Hebrew. It was following the grandmother's death and while her own mother was working that she and her younger sister voluntarily began attendance at the Reform Temple. At the present time in her own home the patient faithfully observes the Sabbath and attends Synagogue with her husband on High Holidays. She does not keep Kosher, although her husband would like her to do this, and will ride on Saturdays.

The patient was quite willing to talk about her parents' religious convictions. As for her father, "For him the easiest road is the best road." Although brought up in the strictest Orthodoxy, he had no religious feeling - would go to any Synagogue which had a good Cantor, as he loved music. "He cared for music, not religion. He had a fear of the Lord, but he loved music. It isn't that he is a non-believer; he is a putter-offer, also, he is very Americanized - he tried so hard to be Americanized - and he just did not like the Synagogue." She added, however, that the father is particularly educated in Jewish law. At his wife's insistence, this father would follow through with observance to the point of dressing for the Sabbath celebration. Nonetheless, he would frequently go off to a Turkish bath with friends later that same evening. His attendance at Synagogue was highly irregular.

In contrast to the father, the patient's mother was highly Orthodox. This mother's father had been a well-known Talmudic scholar in Russia, and in her childhood this mother had been accustomed to observing three fast days weekly. Coming to this country, she was instrumental in starting a Synagogue in her area. However, ritualism was not as important to this mother as spiritual feeling. "She could pray by herself - felt always close to whatever she believed in." Nevertheless, she observed ritual and attended Synagogue as often as she could within the limitations of her ten pregnancies, or, following her separation from her husband, that of her working schedule. The home was kept strictly Kosher, and the mother would be up early on Fridays to bake and scrub in preparation for the Sabbath.

In the child-parent relationships, the mother tended to be more active than the father, although she "arranged the family affairs in such a way as to make him appear to be" the dominant

parent. In the sphere of protection, although neither parent was particularly strict, the mother was particularly forgiving. She was a source of emotional support. "We - all the neighborhood - would take our troubles to her, and she would advise - or even cry with us - if that was all that could be done." As for authority, the father left almost all punishment to the mother, who would lecture the offender. "I'd cry, Mother's eyes would tear, then we'd laugh. Father might ocassionally threaten Brother with the strap - would have him kiss the strap as a symbolic apology rather than utilize it." According to the patient, the father was the source of important permissions, the mother of minor ones. "Mother did everything to make Father feel that he was head of the house, and important to us children." In cases of final decisions, usually the matter was delayed until there was mutual parental agreement. In the rare instance where this was impossible, the father was the final decision source, the mother permitting this. The patient has much hostility towards the father. "I wouldn't be here (in the hospital) if it weren't for him." She attributes this hostility to his neglect of the family, squandering of money, and attentions to other women.

In discussing the specific religious training given her by her parents, the patient felt that she had been trained strictly regarding religious observance and ritualism. The father, despite his own non-observance, expected his children's attendance, although she thinks that perhaps he would not have enforced this stringently had they outwardly rebelled. In the area of cultural heritage, the parental attitudes differed markedly. Whereas the mother was proud of the traditionalism of Judaism, the father rebelled, wanting to become an American in as many ways and as quickly as possible. In training regarding the ethics of Judaism, the mother was dominant, lecturing on what was right and what was wrong, also on the Jewish teachings regarding this. The father might join in if he happened to be present. He knew Jewish ethics well, although he did not observe them. The patient pointed out that actually it was the mother who saw hypocrisy in some ethical teachings more clearly than did the father, who cared insufficiently to discover these.

The patient's attitude toward religious observance differs from that of either parent. Whereas the mother liked the Orthodox and the father no Temple, unless there was a good Cantor so that he might enjoy the music, the patient admits preference for the Reform Temple as she "can understand what's being said there." She does not keep Kosher in accordance with her background and attends church on the High Holidays only. Her attitude toward her cultural heritage is ambivalent. She claims that she is proud of her Jewish learning, but "hasn't the knowledge to appreciate it." She, too, leans towards "Americanization", admitting once that she was not so pleased to have been born into a Jewish family, "although at the same time I cling to it and to Jewish people here (at the hospital)." As a result of her training in ethics, the patient has a strong sense of

"right" and "wrong". At the same time, however, she has a tolerance for wrong, retaining her strong attachment to her erring father to whom she still initiates visits.

In this case study we see an expression of conflict between two opposing parental religious ideologies. We see, too, that as a result, the patient has suffered conflict in the area of religion, as she vacillates between attendance at the Orthodox and Reform Temples, between ritualism and non-observance. One of the interpretations which might be made of this case is that here we have a conflict between the patient's id and superego, expressed in terms of the perhaps psychopathic personality tendencies of the father and the conscientious masochistic pattern of the mother. The patient's ego has been insufficient to bear these strains, and her psychosis occurs as a result of her inability to reconcile her identification with her father (expressed in her great lady fantasies and selection of occupation in the field of music) and the hostile, guilt feelings arising from her intellectual appreciation of her mother. It is interesting that perhaps these conflicts, and their non-solution, is reflected in the area of religious beliefs. The patient has attempted to synthesize the Orthodoxy of her mother and the non-conformity of the father in terms of the greater freedom of the Reform Temple. However, she has too much guilt regarding her attachment to her father to continue this, and consequently returns to the Synagogue, although she rebells against this in terms of her infrequent attendance and non-observance of the Orthodox dietary laws.

Case #3

Arnold, a thirty-five year old single man, was transferred to Boston Psychopathic Hospital for hospitalization for a lobotomy operation, following an illness of several years duration. His diagnosis was dementia praecox-hebephrenic. In this case instance, the patient was in sufficiently good contact for interviewing for a brief period only. Supplementary information was obtained in this situation from the patient's family, with

whom I happened to have been in contact. The patient was a high school graduate and had completed training at an accredited school of accountancy. He would have preferred to have undertaken and completed a college course rather than to have specialized in accounting, but the family's income was marginal and the parents could not afford this, particularly as there were two other siblings. Following the completion of his accountancy course, the patient returned to his small rural home town, in which resided only one other Jewish family. Here he took a position as a garage attendant, eventually leaving this to take up residence in a distant manufacturing city because "I wanted to get away." Prior to the onset of his illness, the patient had been regarded as being very bright. One of the symptoms of his illness was marked neogolism in the use of uncommon, intellectual vocabulary. It was noted that each time when I visited the patient on the ward he was reading. His behavior prior to the lobotomy was markedly aggressive and destructive. Both of the patient's parents had been born in Russia. The mother spoke with a pronounced accent, in fact, had some difficulty in making herself understood so that the patient's sibling had to help her express her thoughts to me. The father came to the hospital only infrequently, and was not seen by me.

In discussing the patient's religious organization with him, he said that he would term himself a Reform Jew, although he held no formal church membership. He went on to explain that he had been Bar Mitzvah in an Orthodox Synagogue, the family then living in a fairly large city. It was following his Bar Mitzvah that the family moved to their present rural location. While living at home the patient would go with his family to the city where they had formerly lived and where relatives resided, attending Synagogue on High Holidays. After striking out on his own to live in the distant manufacturing city, according to the patient, he began to attend a Reform Temple.

In response to questions regarding his parents' religious convictions, the patient said that both are Orthodox. However, they are not Synagogue members as there is no place of worship in the near vicinity. The father was brought up in a home of strict observance and held to this until the family moved to the present community. There is only one other Jewish family in the town, and it has been necessary for him to accept a relaxation in the family's former strict adherence to the dietary laws due to the inaccessability to Kosher markets. The father continues to regard himself as Orthodox, however, as he would adhere to these obligations if circumstances permitted. In comparison, the patient's mother has broken more easily from strict adherence and sees no reason for not riding on Saturday, for example. In discussing this with me she stated that the family had been accepted by their non-Jewish neighbors and, "We don't like to be too different."

The patient showed resistance around discussing his relationship with his parents in the home, particularly in relation to his father. As concerns protection, his mother is the more lenient,

but she "gets upset easily". His father is "stern and nervous". The patient said that he would turn to neither parent if in trouble - his mother "would get excited". When I asked him what his father would do, he avoided the question. The source of authority in the home was definitely the father - it was he who administered punishment, gave permission and made decisions, according to the patient. The mother might try to placate the father but "would not change things". In view of the patient's marked reticence about discussing his father beyond naming the above characteristics, it was felt that hostility was probable.

The patient gave information regarding the religious training given him by his parents. His early training took place in a large city and was of strict observance regarding ritual on the part of both parents, who were recent immigrants. This includes frequent Synagogue attendance, observance of the Sabbath, and strict adherence to the dietary laws. In his training regarding ethics, the father was dominant. The mother's attitude was more that of "God will understand", a contrast to the father's more definite stand that "something is either right or wrong".

The patient's own attitude toward religious observance differed from that of his parents in that, according to his own statement, he "doesn't observe". When away, he did not keep Kosher, selected a Reform Temple rather than a Synagogue, and attended Temple only when he "felt like it", rather than feeling any compulsion to attend on specific holidays. The patient's attitude around Jewish ethics was a synthesis of parental teaching, i.e. "You should always try to do the right thing." He then added that "all people should know this - not just the Jews."

In this case we see a transition from the Orthodoxy of the parents to the patient's attendance at a Reform Temple. One explanation of this might be that here we are seeing an illustration of the process of assimilation - that as a result of contact with non-Jewish neighbors and lessened ritual due to location and circumstances, the patient had made a natural progression. Perhaps we have sufficient basis, too, for still another interpretation, wherein the transition from Orthodoxy to Reform symbolizes the patient's eventual aggressive revolt against the stern father-figure, which we glimpse through the patient's resistance. Although this patient has not revealed his feelings, we do know that he submitted to training in a field not of his specific choosing, that

he accepted a position in his home town which had less prestige value than has the position of accountancy, that he eventually made the decision to leave home because he "wanted to get away". It is interesting that the patient does not make his religious break until leaving home, that he does not break down until after his separation from his family, that his illness is characterized by marked aggression and destructiveness, which is in contrast to his outwardly submissive life pattern. He utilizes religion as a means of expressing the hostility which he has towards his father, yet he retains his belief in God in accordance with his inability to break completely from him.

Case #4

Morris, a twenty-one year old single man, was admitted to Boston Psychopathic Hospital for a lobotomy operation, following an illness whose onset occurred in early adolescence. At that time the patient began to develop a gynecomastia condition with the result that he began to develop considerable anxiety about homosexuality. This increased to such a proportion that, when aged fourteen, he entered Boston Psychopathic Hospital for the first time in an anxiety state. His presenting symptoms at the time of his first admission were fear around homosexuality and depression. The patient had been quite resistant at this early period. The diagnosis made then was psychoneurosis-anxiety state. It was the doctors' opinion that the patient was not basically a homosexual, as he desired girls, although he was too afraid of them to feel sexual desire. No unnatural acts or fantasies were elicited. It was not until his readmission that he was able to verbalize the fact that he had slept with his mother until the age of eleven, and that his mother had bathed him until he was aged sixteen. During the approximately seven year interval between admissions, the patient had left school in the ninth grade, his formally high scholastic achievements having dropped, probably as a result of his increased self preoccupation. Compulsive phenomenon in the area of obsessive sexual thought preoccupation was marked. At parental insistence an attempted psychoanalysis was terminated. The patient has never had any homosexual experience, although according to the case record, he stated that he was sometimes stimulated by men, and felt no attraction towards women when with them, despite the fact that he might fantasy about them. As the patient is an only child, his parents became quite upset over his condition. The father developed involuntial melancholia but recovered fairly quickly following treatment. Both parents did not with to visit the patient during his second hospitalization,

as it would be "too much for them". Prior to his admission for the lobotomy, the patient had been active in political affairs, gaining considerable status for his notable participation. It was hoped that the lobotomy would decrease the tension and anxiety from which the patient suffered.

In discussing the patient's religious organization with him, he stated that he attended the same Conservative Temple to which his parents belonged. He had attended Hebrew School for some years, and had been Bar Mitzvah. "I took Hebrew School seriously - I used to like going." The patient goes to the Synagogue on High Holidays, and for a long time would not eat meat other than in his own home, or in other homes where he knew that the dietary laws were observed. The patient is accustomed to assist in the Friday evening candle-lighting ceremony but "I don't see anything wrong in writing on Saturdays." He went on to say that you just continue to do the things you are brought up in, and that although he now attends a Temple less frequently than he used to, he still likes to go on High Holidays. You begin to know the prayers - "It's liking the familiar".

In response to questions regarding his parents' religious convictions and observance, the patient explained that his father knew quite a bit about Jewish things as he had been brought up strictly in this by his own parents, from what the father had told him. The parents are Church members, and attend services frequently, taking an active part in the Temple affairs until "things got all upset". As previously outlined, there is adherence to ritual and observance in the home, the patient explaining that he supposes his parents "eased up" somewhat on Saturday Sabbath observance because of business reasons on his father's part. His mother continues to observe the Sabbath "pretty strictly" - doesn't like to do much cooking.

In discussing his relationship with his parents, the patient stated that he supposed it was because he was an only child that both parents had been, on the whole, protective of him. He described both parents as being lenient - "They don't like to see me get hurt." When questioned as to which parent he would go to if he were in any difficulty, he replied that "they both get very upset - I'd rather not tell them anything. I could probably know better what to do about it than they would." As for authority, he supposes that his mother is more authoratative than his father. "She's got backbone. My father handles the business, but she knows how to handle him." When questioned regarding which parent punished him, he said that he practically never got punished, though both parents would lecture him on occasions - and then they'd "give up." It was the mother to whom he usually went to for permission. "She's the one who's home so much." As for the source of final decision, he replied that he himself "makes a lot of the family decisions, as they (his parents) get confused". The patient went on to say that he would sooner turn to his mother than to his father. Although he verbalized no direct hostility toward either parent, his general attitude might be characterized by a feeling of

superiority over both. In the case record, both parents are described as over-solicitous, over-protective, unstable and emotional. The mother is termed as a psycho-neurotic, and it is recorded that the patient feels dependent upon her.

The patient was willing to discuss the religious training which he has received from his parents. It was expected by them that he would go to Hebrew School and be Bar Mitzvah, also that he would, as did they, keep the dietary laws as strictly as possible. Both parents wished him to know his Jewish cultural heritage, the father particularly being interested in what he was learning in Hebrew School as "he knew more about it. My mother would listen - would boast if I did well in Hebrew School, but she didn't know what it was all about." As for ethics, "I got lectured by them both, as parents always do, on what is right and what is wrong. I suppose they lectured a lot - they only had me to lecture to."

In talking about his own religious attitudes, the patient said that he believes in God - doesn't see too much sense in all this ritualism in which he has been brought up, but "you get accustomed to it and I haven't thought very much about it. Besides, they (his parents) like it, and like to see me do these things too." The patient expressed a feeling for the Jewish culture, saying that "that is what kept the Jews together all these years and the others know this." He did not discuss the problem of ethics, interestingly enough, merely saying that he believed that there was a right and wrong about things and that Jewish teaching had to deal with this.

From the information contributed by the patient, it would appear that in this case situation the patient has accepted the religious teachings and training given him by his parents, with the result that he has exhibited no tendencies toward breaking from their organization to any marked degree. Several interpretations of this circumstance might be made here. It might be said that, since the patient resided in a Jewish residential area and, until his recent political enterprise, had led a secluded existence socially, this represents an acceptance following from non-questioning. Another possible explanation might be based upon the hypothesis that this patient would have too much guilt to depart from his training. This patient has had considerable unconscious and conscious confusion around sex, occasioned by his close physical contact with his mother which

probably caused sexual stimulation and incestuous wish conflict and also by his breast swelling. It should be noted that this disorder occurred in time span not long after the completion of his formal religious training and the Bar Mitzvah ceremony, which represents a public declaration of entrance into manhood. We do not know - we can only conjecture - about the subjective meaning of this religious celebration to him. From his symptoms at the time of his first hospitalization and his intermediary history up until the time of the lobotomy, we can see that this patient has suffered considerable guilt and anxiety regarding the above conflict, in view of his highly developed, threatened superego. Perhaps the ritualism of religion has been utilized as a protective device against the id. In accordance with his overprotected pattern, the patient is unable to even contemplate a reaction against his superego (or God), accepting the familiar and the traditional.

Case #5

Tillie, a fifty-seven year old married woman, was admitted to Boston Psychopathic Hospital for observation for the complaints of crying spells, anxiety attacks, a choking sensation, and a fear of cancer. The preliminary diagnosis was psychoneursis. This was later changed to schizophrenia. The patient had been born in Russia, coming to this country in 1921, after World War I. She was the oldest of five siblings, the only daughter born to the family. According to the patient, her father was a very religious, learned man, who would spend his time in the Synagogue praying. Although a mason by trade, he worked very little. Consequently the mother, who was illiterate,.supported the family by running a bakery. The patient stated that when she was aged five, her father died suddenly from diarrhea. She described life after this as a constant struggle, with many demands being made on her by her over-worked mother, who was left with the five small youngsters to support. She remembers working in the bakery and delivering bread until ready to drop from exhaustion, then returning to the home to look after the wants of her brothers, who were also working and whom the mother was too busy to look after. She recalled the terror of a pogrom, the tragic death of her new young husband whom she loved in World War I. She

recalled being a displaced person and fleeing the enemy with her infant daughter following the invasion of Poland at that time, coming to this country to rejoin her mother who was already here running a restaurant following these experiences. After working here for some time, she eventually married for the second time. Shortly before her entrance to the hospital for observation, she had learned of her husband's unfaithfulness to her, had seen him undergo a serious operation, and had been having considerable friction with her daughter, with whom she and her husband were living.

This patient, who was verbose, was very willing to discuss her religious convictions. She termed herself Orthodox, a Synagogue member ever since her arrival in this country. She said that she had had very little formal religious instruction, but that she could recall the strictness of observance in her home prior to and following her father's death. "I used to hear him teaching my brothers - I don't remember now and did not understand then what he was teaching. It probably was the old Biblical stories which he was teaching them to read in Hebrew." The patient has always kept the dietary laws and attended Synagogue frequently, keeping the Sabbath in her own home. "I am more religious than my husband and daugher - they don't care so much, but I've seen a pogrom and I know what being Jewish means."

As for her parents' religious convictions, as was mentioned, her father was pious to the point of devoting more of his time to study than to work, according to the patient, insisting that his wife carry out all ritual and himself devoting much time to the religious training of his sons. The mother, too, was Orthodox by choice as well as by her husband's decree. "She worked so hard, but always on the Sabbath she would have the house cleaned and would make sure that we all had on our best clothes. I would have to help make the clothes. Sometimes she would have to do things around the house then and do lots of little things which she had very little time to do for us children otherwise. She wouldn't let my brothers work, though. She would say that she and I could because we were women, but they were men and must not."

Because of the early death of the patient's father, it was the mother who for most of her childhood years was a source of protection and authority. When questioned whether she could remember if this were so when her father was alive, she said that she always cries when she thinks of him (did this in the interview), because he had always seemed to be such a good man to her. "He wasn't bossy and harsh like my mother was. I guess she had to be harsh. He was very gentle, and I wasn't afraid of him. His death came so quickly - for a long time I couldn't believe that it had happened." The patient went on to say that things had begun to be unhappy following his passing, as the boys would quarrel amongst themselves, and her mother was too busy to do much about it.

They all had respected their mother in those days. "Now she is old and useless, living in a home for the aged and my brothers still fight amongst themselves."

In discussing the religious training she had received from her mother, the patient said that her mother believed that you should keep all the observances which you are able to, but that if something came up which made it impossible for you to keep God's law as strictly as He would like, He would understand. As for training regarding the Jewish cultural heritage, the patient replied in terms of what she had been taught regarding the meaning of being Jewish. Her mother had told her that being Jewish was good, but it wasn't easy - that people would attack you for this, but then again with so many wars they would attack you anyhow. The important thing was to be a good Jew and God would help you. She should work hard, save her money, and go to the United States where there weren't wars as there were in Poland and Russia. As concerns ethics, her mother had told her that she should be a good wife, and should help her husband to get ahead. She should not be afraid to work, and she should be a good mother to her children.

The patient's own attitude toward religious observance is a strict one. For some time she objected to eating the hospital non-kosher food but "then I told myself God would understand and I promised myself that when I get out, although we have only a little money, I will give a hundred dollars to charity." She wishes now that she could perform in her own home the ritual to which she is accustomed, but her daughter doesn't care about this the way she does and she supposes she hasn't been "keeping up" the way she would like to. She added that it is so much nicer to be Jewish in this country than in the old country. She "can remember such things. . ." She would like to think that she had lived up to what her mother had taught her - she doesn't know. "Life is harder as you get older, and people don't care any longer to listen to the things you've gone through."

In this case study the patient has retained the organization and observance of her parents, despite the relative disinterest of her husband and daughter. Perhaps we could say that she has clung to this as a source of support in the readjustment to life in this country. Another interpretation might be that the patient unconsciously associates a strict religious life with the pleasant, gentle picture of her father, a one pleasing spot in an otherwise rigorous childhood. We see, too, that her picture of God is that of a source of understanding. However, there

apparently is a measuring quality in her idea of God, for she feels it necessary to atone for lessened observance through financial payment, i.e. charity donation, rather than through prayer.

Case #6

Bob, a sixteen year old boy, was admitted to Boston Psychopathic Hospital for observation at the request of the Court. This was the second time this had occurred within approximately sixteen months. The charge on both occasions was that of "stubborn child", brought by the mother. The particular offenses of which the mother complained were his staying out late at night and his not contributing sufficient board to her. Bob is the third youngest of four children, the first three being boys and the youngest a girl. There had been a long history of marital friction, the father eventually becoming so disgusted that he left home to join the Coast Guard, concealing from the military authorities the knowledge that he had a cancer. In 1946, while still in service, the father died. According to the case record, Bob had been attached to him. The home life had never been happy. Besides the marital friction, and before the difficulty with Bob had arisen to noticeable importance, the mother had placed a stubborn child charge against her second oldest son, who had also been referred by the Court to the Boston Psychopathic Hospital for observation. The diagnosis made in all instances was primary behavior problem. Also, with Bob there was a question of homosexuality, evidence pointing towards such an experience but he never admitted it.

Although friction between Bob and his mother was probably of long duration, it became prominent when Bob was aged thirteen. At age fifteen he left school. When living at home, he would disappear for several days at a time. When an agency became active regarding foster home plans, he was unable to adjust to the various placements, and was eventually returned home. According to the case record, the mother was a strong, aggressive, domineering woman, who used violent and authoritative methods to enforce Bob's behavior. These methods included burning him with a cigarette to get him up in the morning, also hitting him with a coat hanger. The mother had been born in this country, and had herself been subjected to a stern father. In contrast, the father had been born in Russia, immigrating to the United States. Though ailing and irritable, he had been the more gentle of the two parents, according to the case record evaluation. Prior to his second admission to the hospital, foster home placement plans had been abandoned, following the father's death, at which time Bob had reacted with sadness. Since then he has been busying himself selling candy, but without a license. This had occasioned several brief encounters with the law, which Bob would laugh off.

The patient talked willingly about his religious organization. He said that he is Orthodox - that at least he had been Bar Mitzvah from a Synagogue. "I guess you'd say I was Bar Mitzvah - I went through the ceremony, but there wasn't any party afterwards." He then went on to reveal an ambivalence in his attitude toward his former statement of Orthodoxy. "I'm not pious, mind you. I go to a Synagogue when I attend religious services at all. Now I go only on Holidays, but I used to go every day for a while to say Kaddish for my father after he died. We eat Kosher at home, but outside the home I order bacon and ham." He added, however, that his mother does not know this.

In describing his parents' religious convictions, he stressed the fact that his father was a very religious man, who observed Orthodoxy very strictly. He had received an extensive education in Jewish learning in the old country prior to his coming here. His occupation was that of Jewish meat-cutter, or Shohet, and he had worked for a Kosher establishment. Therefore, his sudden decision to join the Coast Guard in the capacity of meat-cutter had come as a complete surprise, as it marked the occasion of his first deviance from Orthodoxy. "I guess he thought other Orthodox Jews were serving too, and besides, where he had not been working for some time, he would now be getting good pay." Although his father would observe the Sabbath, his mother would not. "She likes to work - has had various positions in stores - but she'll work Saturdays as well as any other day." In accordance with her husband's wishes and her own training, his mother kept a Kosher home.

The patient talked about his relationship with his parents. In discussing protection, he said that his father was more lenient than his mother. "He used to give me a pep talk every day and I would take it with a smile. My mother is quick tempered and fault-finding." Interestingly enough, he said that he would turn to his mother rather than to his father if he were in any trouble because "then she'd begin to worry and she would get hold of a lawyer for me." He added that he would not tell her about any difficulty because "I always seem to be in enough trouble anyhow with her." It was the mother, too, who was the source of authority in the home. It was she who would punish the children, "although my Dad did also - except that he wasn't home as much as she. She sure had trouble getting hold of me." As for permission, "I'd ask her if I thought she'd give it - otherwise I just wouldn't ask." He recalled that his parents might argue over decisions, but "she could talk more than he could, although he had a temper, too, when he got going - he'd finally just give up and go out to cool off. Sometimes he'd take my part though." In discussing his parents, the patient at first showed hostility around his mother's actions toward him, especially her burning him with a cigarette and also her initiating the stubborn-child charge. However, as he continued talking, the patient more and more brought out his feeling that his mother had no liking for him. He came close

to tears at several points while discussing her mistreatment of him and her referring charges against him.

The patient was willing to discuss the religious training given to him by his parents. It was his father who emphasized to him the importance of observance, and who took an interest in his Hebrew School training. Whereas his mother would attend Synagogue on occasions for social purposes, his father was "pious regarding observance and ritual. When I'd have fights with non-Jewish boys in the neighborhood, he wouldn't care as much as my mother would." From the patient's statement, little could be learned about the parental training around ethics other than the fact that his father would give him a talk about behaving himself each day, whereas the maternal attitude was more, "You behave yourself - or else."

As for the patient's own attitude toward observance, this is ambivalent. Although eager to term himself non-pious and to boast of his evasion of the keeping of the dietary law, he was willing to go to the Synagogue twice daily over a period of months to say Kaddish for his father. Also, he expressed no tendencies towards disbelief in God, and has continued to describe himself as Orthodox. His attitude toward the Jewish cultural heritage encompasses the social sphere and is a belligerent and defensive one. "Let anyone call me a Jew in a tone I don't like and he won't know what hit him." As for ethics, according to the case record there is an impairment in the patient's standards - his general attitude in talking with him is that anything can "be fixed", that you should be tough ("I get the girls to like me by twisting their arms"), and that the smart thing is to put things over on people.

We see here the pattern of an adolescent who has been subjected to emotional deprivation at the hands of a rejecting mother and a passive, ineffectual father. The patient has reacted to this through attempting to separate himself from his mother, yet, despite his numerous attempts, he is too tied up with her as a love and hate object to accomplish this. It is interesting that this boy who has run away from home, who has left school, reacts negatively to authority, and who tries to outwit the law, has not also attempted to overthrow his religious training. There may be several varying reasons for this. Perhpas his "cheating" regarding his home training around keeping Kosher has satisfied his need to rebel.

Another possible interpretation might be that he has projected onto God the satisfaction which he received from contact with his father in the course of training. Thus, in the area of religious training where his father was dominant, he does not feel the same need to revolt as in other areas where conflict was more marked.

Case #7

Harry, a seventeen year old adolescent, was admitted to Boston Psychopathic Hospital for observation for depression over his hostility towards his mother and over his homosexuality. In an accompanying letter from his rabbi, further symptomatic behavior in the form of funeral chasing was noted. The patient is the older of two siblings, there being a difference of two years between him and his sister. His father had died when he was aged six. The case record gives the information that the patient had been particularly attached to his father. At age three he had fallen out of a third-story window in his eagerness to see his father's approach. He recalls his father's deathbed scene - how his father had summoned both children to his bedside to kiss him, passing away whilst the patient was kissing him. As the father had left debts and a mortgaged house, the family has suffered considerable hardship. The patient, who has low borderline intelligence, was taken out of school by his mother to go to work. This mother is in the case record termed a neurotic, nagging the patient and cursing him. Also, she is described as domineering and overprotective, making decisions for him. According to the case record, the patient has incestious fantasies concerning his mother, who permits him to scrub her back. He has intercourse with his sister, scrubbing her back and seeking to excite her. The patient's ambition is to go to embalming school. The patient has had numerous homosexual experiences. The eventual diagnosis arrived at was psychopathic personality with pathological sexuality.

Prior to my interviewing the patient, I had learned that he was wearing a yarmolke and davening twice daily on the ward. I was later informed that under sodium amatyl, he had admitted no real belief in religion. With me, however, he was very willing to verbalize about his religious organization. The patient said that he was Orthodox - that he began going to the Synagogue when his father died, and that he spends much of his time there now. He attended Hebrew School until the time of his Bar Mitzvah - has not studied since then, but goes several times weekly to the Synagogue. The patient began to describe himself as most pious "like my father and grandfather" - said Kaddish for a year for his father, observes all Holidays, observes the Sabbath and would not ride on Saturdays. "I insist that my mother light the candles-- she sometimes forgets."

In discussing his parents' religious convictions, the patient stressed the fact that his paternal grandfather had been an Orthodox Rabbi in Russia, and that his own father had been a very pious man. He can remember his father going to the Synagogue and always wearing his yarmolke at meals. When questioned around the extent of his father's religious training, he said that he had heard that his father had studied the Talmud. In contrast, his mother is more lax about observance - "I have to get after her sometimes." He then began to criticize her because she will ride on Saturdays and also work. Sometimes she will go to the Synagogue with the patient, but "she doesn't go as often as I think she should."

The patient was more reticent in talking about the child-parent relationships. Due to his father's early death, throughout most of his life his mother has been his source of protection and also of authority. His attitudes regarding these are interesting, however. In talking about leniency, he mentioned what a nice person his father had been. "He used to speak nicely to me, and play with me." His mother always wants him to be working. "All she thinks about is money." As far as punishment is concerned, she hits him frequently. "You have to do what she says." In discussing permission, the patient complained because she won't give him money for recreational purposes. "She tells my sister and I what we can do - my sister doesn't listen to her, but then my sister isn't at all religious." The patient mentioned, too, that sometimes his mother will go to the Rabbi for advice.

The patient's discussion of his religious training around observance, cultural heritage, and ethics was shallow. He could not remember having received specific religious training from his father in any of these spheres. He mentioned that as for observance, he had seen his father daven, etc., but does not remember having had his father explain the meaning of such practices to him. "I saw the men in the Synagogue - I learned that way. My mother didn't teach me much - maybe she didn't know enough."

As has been noted, the patient's observance of ritual is strict. Although he ceased to wear his black hat and pray daily after his first few days at the hospital, during which time he admitted the superficiality of his beliefs, he persisted on the ward to act as spiritual leader of other Jewish patients. With pride he reported helping a pre-lobotomy patient to pray. "I said Kaddish (prayer for the dead) for him." When questioned around his attitude about what it meant to be Jewish, the patient replied that he was glad that he was a Jew. "Jews are better than other people. They live better than other people." When asked whether he thought religious training had helped him distinguish between right and wrong, his reply was that "whatever was said in the Synagogue was right." In view of the patient's retardation, these aspects were not pursued further.

In this pathological case situation, we see an adolescent who outwardly is highly devout, inwardly had no feeling for religion. Conjecture as to why he has felt the need to bind himself to his facade is possible. The patient's father, who symbolized piety to him, died during the patient's oedipal period under traumatic circumstances. He immediately begins attending Synagogue following this event, perhaps building this into his life in an unconscious attempt to retain the father-figure. To support such a theory his fixation concerning funerals might be cited. Perhaps he is unable to accept religion because of an unconscious association of his loss of love object figure with the beginning of Synagogue attendance and participation. However, he must still cling to the Synagogue as an unconscious link with the departed love object.

Case #8

Jane, a thirty-four year old unmarried woman, was admitted to Boston Psychopathic Hospital for a lobotomy operation. This patient had had an original psychotic episode when approximately aged eighteen, with recurrences of episodes until the time of her admittance. The diagnosis in this case instance was dementia praecox with paranoid delusions. The patient's symptoms were her fear that she was being controlled by someone outside herself (through hypnosis) and fear of having a murder or other violence occur in her home. The patient was the second of three children born into a wealthy family. The father was a self made man, who had, in dissatisfaction at his mother's remarriage, left his home in Russia. He had earned his own way ever since, arriving in this country at the age of fourteen. In the case record he is described as an egotist. It is interesting that throughout my contact with her, the patient would not use the term "my father", but referred to him as "Mr. B.". In contrast, she would freely use the term "Mother". The patient's mother had been born in this country in a small Eastern town in which few other Jewish persons resided. The mother's people were in comfortable circumstances, but the home had been an unhappy one due to the extremely domineering nature of the grandmother, according to the patient. In the patient's mother's large family, she was the only one of the several daughters who married. In middle life the patient's mother developed an agitated depression, and has lived a secluded

existence since. The case record reports that the mother, the more cultured of the parents, had been a socially active, prominent woman of many interests prior to her illness. The patient explained that from the outset her parents' marriage had not been a success, with the result that friction in the home had been constant. She stated that prior to the marriage her father had been turned down by two other women, by one because her family did not think he had sufficient education. The patient further explained that at one time the father had been engaged to her mother's sister. "If things had been better between them (the parents), I wouldn't be here." Prior to the initial onset of her illness, the patient had completed high school. Unlike the other two siblings, according to the record, she did not choose to attend college, despite her high intelligence. She did volunteer hospital work, and later, against parental wishes, went to live in a distant city. The patient's first illness was characterized by very aggressive behavior. Several years after her recovery from her "mental breakdown", she suffered a serious illness as a result of which she lost her motility. From that time on she has been alternating between being hospitalized and residing in her home.

The patient described herself as being a Reform Jew - "although I don't think much about God and don't know that I think that there is one. I haven't thought about God in a long time." The patient attended Sunday school, and was accustomed to going to Temple on Holidays prior to her disability. She stated that both her parents were members of a Reform Temple in whose affairs they used to participate actively. "Mr. B. had to show everybody that he had money, so he would make large donations. Then after a while he became active in the social activities - could always be counted on to contribute." She went on to say that her mother was also socially active in Temple affairs before she (the mother) had her "breakdown". The patient explained that, unlike her father, her mother had really been interested in religion - "she would be more interested in the spiritual." Mr. B. would attend Temple services on High Holidays. Her mother, however, enjoyed going and would not infrequently attend on Saturday mornings. In the home no dietary laws were observed. "I wasn't brought up that way - I don't know much about the old ways." However, prior to illness, the Fast day of Yom Kipper would be observed, and the Passover celebrated. No attempt was made to keep the Sabbath. "We didn't go in for that kind of thing." The patient's father, on High Holidays, or Passover, would occasionally refer to his own boyhood in Russia, when his family attached so much importance to these. Her father had had extensive religious training before coming to this country, but, according to the patient, although he had pride in his ability to read Hebrew, he scarcely ever utilized this learning. He could speak Yiddish, and sometimes used this in business contacts. The patient further explained that the father's social rather than spiritual interest in religion extended over into the area of concern about the Jews in Europe. He gave much money to the various Jewish relief organizations - "he used to say that that

was much more help than all the praying." In view of her increasing seclusiveness, the mother's interest and attendance at Temple affairs has diminished, with the result that at the present time contact with the Temple is limited to the father's charity occupations.

At first the patient was unwilling to discuss any aspects of the child-parent relationship, but eventually she did give some information here. As for protection, her mother was "by far" the more lenient of the parents, and it would be she to whom she would turn for support when a child. "Then after a while I didn't go to her - she had enough troubles. You don't confide in my father. He's got a good head for business, but that's all." In the area of authority there was a division between the parents. "My father has a temper and he would sometimes punish us. Mother would reason more, and she'd keep our wrong doings to herself." It was the mother who would give permission in the usual childhood matters, but the father was consulted in consequential decisions. "Both my parents like their own way. On some things Mother would stand up to Mr. B. She used to be quite a person. He usually makes sure he has the last word though." It has been he who has been the source of final permission in most instances.

In discussing the parental training which she had had around religious observance, the patient pointed out that her home training had been relatively superficial, although she had learned the meaning of the few ceremonies which the family celebrated. Then, too, she had learned this in Sunday school. "My mother was the kind who would appreciate the traditional - the traditional did not interest my father." The home training she received concerning the Jewish cultural heritage was more intensive. According to her differentiation, she did not learn from her parents what the books say, but rather that the Jews as a people must help each other to survive. "If we don't, who will?" She had been told, too, by her mother, that there was much of good in Jewish teachings, but the nature of these teachings were not discussed with her in context. "We were instructed in what was right and what was wrong by my mother, but there was no emphasis of Jewishness in this."

As for the patient's own beliefs regarding observance, cultural heritage and ethics of Judaism, she explained that the only value which she sees in ritual is the traditional element. She then questioned even the value of tradition, but later changed her attitude by saying that it was through this tradition that the Jews have held together, and so were able to rescue each other from persecution by others. As for her attitude toward Jewish ethics, this can be summarized in her statement that she supposes the purpose of religion is to teach good. She supposes that the Jewish faith does this - so do other faiths.

We have here a case situation wherein the break from the Orthodox to the Reform was made by the parents and retained by the patient. The

striking quality in this instance is the emphasis upon the social rather than upon the religious, the patient's concern being focused upon the Jewish group rather than upon any concern about God. An obvious explanation for this may be found in the fact that this has been the focus of her home training, as she reports this. The question raises itself, however, as to why initiative concerning any religious emphasis is lacking on this patient's part. A speculative explanation of this might be that the patient has carried over to God the same resistance which she has demonstrated in relation to the hated, non-protective, authoritative father figure through refusing further schooling, which he valued, also attempting to break from the home. In much the same way that she symbolically tries to deny his paternity by referring to her father as "Mr. B." perhaps she is blocking on accepting any belief in God by "not thinking about God much - not in a long time." That she retains her interest in the Jewish group may be based on the identification which the patient seems to have with her mother, to whom she had been accustomed to turn, and whom she refers to as "quite a person", until she "had enough troubles".

Case #9

Barbara, a forty-seven year old married woman, was admitted to Boston Psychopathic Hospital because of symptoms of depression which came on following the recent death of her mother in a home accident. For no realistic reason she blamed herself for her mother's passing. If only she had been at her mother's home, she might have saved her. At the time of her admittance, despite the fact that she has a husband and two children, the patient stated that she had nothing left to live for. According to the patient, this was a second, rather than first, mental illness - she claimed to have had a breakdown following the birth of her son, a second child. At that time she had felt nervous, upset. "I would never seem to get things clean enough - was a germ chaser. I would rather clean the whole house than the baby's bottle - it seemed that I could never feel I'd sterilized it enough." Consequently the child was boarded out, and she went to live at her mother's home, being cared for by the mother until her recovery several months later. "There is nothing like a mother's care."

The patient's parents had come to this country from Russia on their honeymoon. The father's father, by profession a cantor, accompanied them here. The patient is the fifth of eight children. That family standards were high despite poverty is evidenced in the fact that several of the patient's brothers are professional men, and one brother has secured a Ph.D. The patient is a high school graduate and had worked prior to her marriage at age twenty-five. Her husband is, according to the case record, a passive man. Pregnancy occurred soon after the marriage. "I wanted to see if I was capable of having children." A daughter was born. It was following the birth of the second child, a son, seven years later, that the patient broke down. The patient had ever since her marriage always lived close to her family in a not predominantly Jewish area. She was accustomed to visiting her parents almost daily. In the interviews which I had with this patient, she would frequently say to me, "I always try so hard to do the right thing. I'm the conscientious, sensitive type."

In talking about her religious organization, the patient termed herself as Conservative, belonging to a Conservative temple. "I believe in God - I definitely believe in God." She went on to say that she has always kept a Kosher home - hopes God will forgive her for eating non-Kosher food here at the hospital. She lights candles on the Sabbath usually - observes fast days and always attends Temple on the High Holidays. She is accustomed to attending Temple on Saturdays periodically during the year. Also, she is active in several Jewish organizations.

Both of the patient's parents are Orthodox. Her paternal grandfather, a cantor, lived with the family. "I think that it was to please him (the grandfather) that my father kept such a strict house and followed all the ritual so closely." She then explained that her father had had to turn down the foremanship of the plant in which he worked as he refused to work on the Sabbath, thereby depriving the family of increased income at a time when this was needed badly. "If my father hadn't been so skillful in making things, I don't know how we would ever have gotten along, because certainly we could never have bought them."

Every Saturday her father would attend Synagogue, the Sabbath being celebrated strictly in the parental home. The patient remembered her grandfather teaching Hebrew to her brothers, also his teaching them how to daven. Then too, "when my father or grandfather were around the house, my brothers would put on their yarmolkes. My father was well educated. He knew the Bible thoroughly." As for her mother, according to the patient, she observed the ritual to the letter where dietary laws and holiday celebrations were concerned, but "she was too busy having children to attend Synagogue the way my father and grandfather did. She couldn't be quite as strict as my father was about religious things because she hadn't had the same very religious upbringing

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK
LIBRARY

he'd had, and besides, she had so much else on her mind." The patient went on to say that it was her mother who handled the finances in the family - would have the cantor-grandfather help her with the care of the children.

The patient showed reluctance about discussing the child-parent relationships. It was interesting that whenever she used an adjective which might be taken derogatorily, as "stern", for example, she immediately felt the need to qualify this by saying what good parents they had been - that she "loved them, and love was the most important thing in the world, wasn't it?" She went on to say that certainly her parents loved each other. "My father had such love for my mother - he would even show it in front of company." In discussing the source of protection, she said that her mother was the more lenient parent and the one she would turn to. "For years I was afraid of my father. He always seemed so stern. I think now, though, that I was his favorite child." In the sphere of authority, it was the father who administered punishment. He would use a strap - the mother would "try to shield - would even tell a story to try to protect us." It was the mother, too, to whom the children went for permission in everyday matters, particularly where finances were concerned. Important permissions were always discussed with both parents - usually no decisions were made unless there was mutual parental agreement. In discussing her parents, the patient verbalized no hostility.

The patient willingly gave information concerning the parental training aroud observances, cultural heritage and ethics. It was the father from whom she learned the previously outlined ritualistic observances which she carries on in her home. However, unlike her brothers, she was not trained in Hebrew and hence prefers the Conservative Temple service to that of the Orthodox Synagogue. Her home differs from the parental home in the absence of the constant wearing of the yarmolke and the davening ritual. Although she cannot read Hebrew, the patient did absorb a feeling of cultural heritage from having observed the studying of her father and grandfather, and from having listened to them teach her brothers about the Bible and Torah. "I should be ashamed to tell you this, but one of my brothers married a Gentile. That was so hard for us to take. I like her, though - she's a professional person and very nice." The patient commented that she could not have taught her children what her brothers were taught, since neither she nor her husband have the knowledge. "But they can learn those things in Hebrew School, and meanwhile, at least we can teach them to be good Jews." As for ethics, according to the patient, these, too, were taught by the father in the home. "I think a good deal about doing right - probably that's why I'm here in the hospital."

Here we have another transition on the part of a patient from the Orthodox, in this instance to the Conservative. The patient has given us one reason for the change, i. e. that her knowledge of Hebrew is

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK
LIBRARY

limited and hence she prefers the Conservative Temple where a considerable portion of the Service is in English. Other interpretations of the transition can only be speculated upon. Perhaps this represents an identification of the patient with the mother, who, although celebrating ritual as does the patient, showed no particular interest in Synagogue attendance. Perhaps, too, it represents the patient's unconscious hostility towards her father, who, by his obvious affection in public for her mother, became another rival to her, along with the rest of her siblings, for her busy mother's love. To support such a theory there would be the patient's statement that "there is nothing like a mother's care - she devoted all her time to me" in relation to her first breakdown, also her present disinterest in father and husband.

Case #10

David, a forty-six year old man, was admitted to Boston Psychopathic Hospital for treatment following an almost continual illness of nine years duration. Throughout most of this extensive interval the patient had been mute, alternating this with a manic mood. At the time of the patient's transferral to this hospital, he had been mute for approximately the last five years. It was noted on the ward that during this mute phase he would sometimes nod his head in a "no" motion. Under electric shock treatment this patient made an amazing recovery, regaining good contact and orientation. Before the onset of his psychosis, the patient, who has his Ph.D. in Talmud, was a professor of Bible at a Rabbinical college. He is the second of four siblings, the three oldest being boys, the youngest a girl. All four of the children are professional people. The patient's parents came to this country from Russia in approximately 1900, the father preceding his wife by a brief interval in order to secure a position here in his profession as Synagogue Cantor. The two Eastern communities in which the family lived during the patient's childhood and adolescence were small ones in which only a few Jewish families resided. Due to poor financial curcumstances, the family was forced to live in a tenement district among prostitutes, drunkards, and people of varied nationalities, particularly Polish and Irish, according to the patient. At age seventeen, following his graduation from high school, the patient left home to attend college in another state. His scholastic achievement was high and he secured scholarships, supplementing his income through teaching at Hebrew Schools.

Although he had at first enrolled in a pre-medical course, he decided that he was unfitted for this, changed his field at this time to semantics, after considerable indecision. It was in 1924 that his first symptoms of disturbance were noted. In 1929, while he was teaching at the Rabbinical college, his symptoms became more marked. For several years prior to the onset of his psychosis, the patient underwent psychoanalysis for obsessive compulsive neurosis and latent homosexuality. His present diagnosis is manic depressive psychosis with schizophrenic features.

In discussing his religious organization, the patient declared himself an atheist. "I don't believe in God." When questioned as to when he reached this conviction, the patient replied that his personal agnostic tendencies had been present prior to his appointment to the college faculty, and "I've progressed since then." The patient stated that while teaching he had observed the required chapel attendances and other ritualistic observances, but on vacations and other possible occasions had avoided these. "I don't care if I never see the inside of another Temple - no, I guess I'd like to drop in occasionally to hear what they're saying now." The patient not only has no intention of keeping the dietary laws, but also enjoys ham and pork. He claims to have no interest in anything religious, feeling now that the essence of life lies not in the spiritual or reaching towards God aspect, but rather in interpersonal relationships and in service.

The patient contrasted his present attitude with that which he had held in his early years, prior to his leaving home for college. He had had an intensive religious rearing, as his father was a cantor in a small community, and it "was expected by the Jewish community that the family would keep all observances. After all, if we didn't, who would?" Consequently, despite the fact that the observances "made us seem queer to our non-Jewish neighbors, we celebrated all ritual." The patient wore a yarmolke when in the house in his youth, also davened twice daily. "I used to rush through it. Once one day when I thought I'd do a really thorough job of it, my mother wanted to know afterwards what had taken me so long, so you can just see." Each afternoon, with the father as teacher, the patient and his brothers would be instructed in Hebrew, learning to read the prayers, the Torah, and eventually the Talmud. "My father and I would have long discussions about words. Both of us have always been interested in word derivation, and often times we would discuss this more than the meaning of the literature." He explained further that in retrospect, he feels that his father was not much of a scholar. "He wasn't a scholar, and he had no head for business, but he was a good man." The patient's father also tutored privately other Jewish boys in the town for their Bar Mitzvah. Accordingly, for the sake of family prestige, it was expected by all the family members as well as by the patient himself that he should be outstanding in his knowledge of Hebrew in order to "show the other Jews as well as

the non-Jews in school that even if we didn't have money, we had something else. It got to be kind of a game." Because of the nature of the neighborhood and the rivalry which existed between the children of this family and those of the cantor's flock, the patient was not infrequently involved in fights. "Even on Saturdays - but we used to get to Shule on time just the same." The Sabbath was observed regularly and completely, as were both high and low holidays. "We used to look forward to these celebrations because of the extra niceness of these days and the extra prestige for my dad and consequently us in the community at these times." The patient described particularly his first encounter with the complications of the dietary law and his reactions to this. Explaining that he did not generally mix with non-Jewish boys, "probably because we were afraid to as we had so many fights with them in our neighborhood - we always had to fight if called dirty Jew", he at one point became friendly with a very bright "Gentile", who invited him to his home on the other side of town. "His folks were nice to me and I liked them. They couldn't understand why I wouldn't stay to supper. I realized that I couldn't, because they wouldn't serve Kosher." He remarked that walking back to town, he had reflected on how different their way of life was from his own. "I never went back - I wasn't so friendly with the boy after that." The patient explained that he observed all ritual until his separation from his family on attending college. "Then I wouldn't always daven, etc." His family moved to the city where his college was located, and, according to him, he resumed the old pattern as before. As the father was unemployed at this time, the mother opened a store. Eventually the father became reestablished but there were frictions against him in the new congregation. It was during and following this experience, and particularly again when he was separated from his family in still another city, that the patient found himself increasingly critical of what he was learning and teaching. Complicating the picture further was his feeling of disturbance in the sexual area with onset of anxiety feelings and the beginning of ritualistic mannerisms, leading eventually to psychoanalysis and psychosis. It was interesting that the patient felt the need to keep from his mother his increasing non-observance, as not keeping Kosher, non-keeping of the Sabbath, and non Synagogue attendance. In fact, in discussing this, he emphasized the numerous complications which arose under these circumstances in terms of "being caught riding on Saturdays by students, etc." The patient also wished to stress that despite his eminent position in the field prior to his psychosis he "wasn't much of a scholar. Years ago when I used to teach Sunday school I used to forget what I'd learned to teach the kids, and how could I bawl them out when I forgot the material myself. I suppose that by now my colleagues have discovered how small a library I actually own."

In talking about his parents' religious organization, the patient stressed that although both held strictly to the Orthodox, he felt a distinct difference in the quality of their beliefs. "My mother was the kind of person who held to observances, and very

rigidly, because otherwise what would people think. She was proud, she was dictatorial, in many ways she was a bitch. It was she who was the man in the house and walked over my dad who was a humble, idealistic, good person, who didn't have enough guts to do more than submit to her." The patient recounted several instances where his father did excellent inter-church work, the mother disapproving of this because "what would the Jewish community think. Her measure of right and wrong, good and bad, was always that same phrase, 'what will people think.'" Describing his mother further, he said that it was she who managed finances, and it was she who "wore the pants in the family". In contrast to his mother, who was, despite these characteristics, socially shy and retiring, the "more gentle" father delighted in sociality and made friends with his congregation, where his wife would have preferred him to be more reserved and aloof. "Despite his faults, people felt more warmly towards him than they did towards her, perhaps because although it would seem terrible to her to know that I was not keeping Kosher, for instance, I believe his outlook would have been considerably broader and more understanding here."

The patient discussed the child-parent relationship. As far as protection is concerned, although scholastic and perfectionistic standards were held by the parents, the patient feels that they were comparatively lenient. "We had so many outside pressures that our home life was rather good in comparison. Although we might quarrel among ourselves, there was always a strong family feeling and mutual dependence." As a source of emotional support the patient would turn towards his mother. For practical support (what to do when a difficult situation arose, etc.) he would turn to her too. "I find myself dependent on women." As far as authority was concerned, there was little physical punishment used, both parents preferring lecturing to this. For permission regarding everyday activities, the mother was consulted, the father being contacted too if there was a question around this. The source of final decision was usually mutual agreement, the tendency being for the mother to get her way in the few instances where this was otherwise.

An orientation concerning the parents' attitude around observance, cultural heritage, and ethics has been furnished in the preceding material. It is interesting to contrast these with the patient's present attitude. As for ritualistic observance, he regards this as necessary for the continuation of Judaism, respects the traditional element here, but feels this is not for him. "I've been sick for so long my only interest now is in doing things for people, not in praying." Interestingly enough, in discussing the less ritualistic and observant Reform Judaism, the patient termed this "weak" and "castrated". He showed feeling for Jewish cultural heritage, noting Jewish superiority in ethics, morality, and literature. Also, he stressed the tremendous contribution of the Hebrews in the concept of monotheism. "We have it all over the Gentiles as far as cultural heritage is concerned." The

> patient showed, too, a respect in regard to Jewish ethics "not in the abstract but in relation to intercommunication between people. The purpose of ethics is not to build up standards for precision's sake, but rather to effect serene social intercourse between them."

This case situation presents a striking illustration of the patient's change from Orthodox to Atheist. Certainly conjecture as to why such a change should occur is permissable. One explanation might be that this is in accordance with the assimilation and educational process initiated following release from the restricted home environment. Others might relate it to cynicism over the struggling, never materially successful life of his father. Still another hypothesis might be that in this case instance the father was dominated by his wife, with the result that the patient was placed in a position of conflict regarding the transferal of his dependency feelings onto a Biblical father God figure. It is interesting in this context that the patient himself states that he "finds himself dependent upon women". In view of his latent homosexual tendencies, another possible explanation of this patient's marked religious change might be his anxiety and guilt feelings associated with a masculine God figure. As support to this is the case record information that during his psychosis the patient fantasied that he was having sexual intercourse with God, contaminating Him with a venereal disease. In view of the high ethical and perfectionistic standards absorbed by the patient in his religious home training, and emphasized in his scholarly study of the Torah and Talmud, the existence of guilt in relation to sexual and religious transgressions might create a need for a defense against God here.

Analysis

With the individual case studies presented, it is now possible for us to attempt to analyze the group as a whole in an effort to see the findings and trends indicated here.

The religious organization of the patients studied, as stated by them, with no relation to degree of observance, may be pictured as follows:

TABLE IV.

DISTRIBUTION OF RELIGIOUS ORGANIZATION OF PATIENTS ACCORDING TO STATEMENT

	Orthodox	Conservative	Reform	Atheist	Number of Cases
MALE	2	2	1	1	6
FEMALE	2	1	1	-	4
	4	3	2	1	10

Thus we see that the majority of hospitalized patients fall into the Orthodox category, the distribution lessening towards the Reform extreme. The division between the sexes, it will be noted, is about even.

We can also chart a comparison of the religious observation of patients with that of their parents, again on the basis of the direct statements made, with no relation to degree of observance.

TABLE V.

COMPARISON OF RELIGION OF PARENTS WITH THAT OF PATIENT

Case No.	Parents' Religion Father	 Mother	Patient's Religion
1	Conservative	Conservative	Conservative
2	Orthodox	Orthodox	Orthodox
3	Orthodox	Orthodox	Reform
4	Conservative	Conservative	Conservative
5	Orthodox	Orthodox	Orthodox
6	Orthodox	Orthodox	Orthodox
7	Orthodox	Orthodox	Orthodox
8	Reform	Reform	Reform
9	Orthodox	Orthodox	Conservative
10	Orthodox	Orthodox	Atheist

According to the findings pictured on this chart, of the ten cases studied there have been three definite breaks (cases #3, #9, and #10), all of these being from the rigid Orthodox to the more free Conservative and Reform, and in one instance, even to Atheism. As will be recalled, in case #3, the family was handicapped by living in an isolated small town. In cases #9 and #10, the backgrounds were highly observant Orthodox, the patient's grandfather in case #9 being a cantor, the father in case #10 being in this profession also. Two of the diverging patients were male, one female. It will be noted, too, that in this chart parental pairs all held similar religious organization.

Perhaps by utilizing the measurements of strict, moderate, and lax as adjectives to the statement of religious organization, we may be able to obtain a fuller descriptive understanding of the similarities and deviances

of religious observance of patients from that of their parents. In arbitrarily determining the definitions of these three categorical terms, degree of observance of the rituals of the individual group became the measuring rod.

TABLE VI.

COMPARISON OF DEGREE OF RELIGIOUS OBSERVATION OF PATIENTS WITH THAT OF THEIR PARENTS

Case No.	Parents		Patients
	Father	Mother	
1	C. strict	C. moderate	C. lax
2	O. lax	O. strict	O. moderate
3	O. strict	O. moderate	R. strict
4	C. strict	C. strict	C. strict
5	O. strict	O. moderate	O. moderate
6	O. strict	O. moderate	O. lax
7	O. strict	O. moderate	O. strict (hypocrite)
8	R. moderate	R. moderate	R. moderate
9	O. strict	O. moderate	C. strict
10	O. strict	O. strict	Atheist

With a chart of this kind, we see more movement or change between the degree of observance of the patients and that of their parents than was indicated previously. In five instances (cases #1, #3, #6, #9, and #10) the patient's degree of observance is different from that of both parents. In all these instances the change was towards lessened observance, all parental religion here being Orthodox. In one case (#5) the patient is less strict than one parent, her father. However, we may remember that in this case instance the father died early, and that the patient had

complained that she cannot be as observant as she wishes, as she lives with her daughter. In case #7 there is the unusual change of the patient being more strict than one parent. It is to be noted, however, that this was a highly pathological case situation wherein the patient's very strict observance was acknowledged as hypocritical. Case #2 represents a synthesis of the parents' belief. Only in cases #4 and #8 has observance of parents and patient remained approximately the same.

Lastly, we can chart the facts obtained in comparing differences in religious observances of patient and parents with authority, protection, and instances where hostility towards a parent is indicated. In so doing, no causal connection between these is implied, but rather it presents a broader illustration of case study findings.

TABLE VII.
DESCRIPTION OF DIFFERENCES IN RELIGIOUS OBSERVANCE IN RELATION TO AUTHORITY, PROTECTION, AND HOSTILITY

	Patients	Sex of Patient	Hostility to Father	Hostility to Mother	Source of Authority	Source of Protection
Similar	patients whose religious observance was similar to that of both parents	4 Male			Mother	Mother
		8 Female	*		M. & F.	Mother
Slightly different	patients whose religious observance differed from that of one parent	2 Female	*		M. & F.	Mother
		5 Female			Mother	Mother
		7 Male		*	Mother	Mother
Dissimilar	patients whose religious observance differed from that of both parents	3 Male	*		Father	Mother
		6 Male		*	Father	Mother
		9 Female			Father	Mother
		1 Male	*		Father	Mother
		10 Male		*	M. & F.	Mother

Here we see that four patients (#1, #2, #3, #8) were considered to show hostility to their fathers. Of these four patients, three deviated from the religion of their fathers. In each of these three cases, the change was in the direction of the less strict. As for the fourth case where hostility toward the father was indicated (#8), no religious movement was expressed. However, it was interesting that this patient already belonged to the Reform group. Of the four patients showing hostility towards the father figure, two (#2, #8) were female and two (#1, #3) were male, case #1 being that of an adolescent. We see, too, that three patients (#6, #7, #10) expressed hostility toward their mothers. In all three instances there was deviation from the parental religion. Moreover, all patients in this group were male. It is interesting in this connection that two (#6, #7) were adolescents, the fathers having died in both case instances. Thus we can conclude that in the seven case instances where hostility towards a parent was verbalized, in six cases there was a difference in religious observance. The seventh patient was already in the Reform group. It will be noted that in one case (#9), female, there was religious change, but no hostility was expressed. Parental hostility was particularly marked in the adolescent group and was particularly prominent among males, only two of the four females expressing this in comparison with five of the six males studied.

Going back to the four patients showing hostility to the fathers, we see that in two instances (#1 and #3), males, the source of authority was the father; in the two other instances (#8 and #2), females, this was shared by both father and mother. In case #8, however, the father tended to be the dominant authority as, although the mother "stood up to him, he usually had the last word." Among the three male patients showing hostility toward the mother, in two cases (#6 and #7) authority was

delegated to the mother due to the father's death. In the third instance, #10, the authority was mutually shared by the parents, though the mother tended toward being the domineering partner.

As far as the source and extent of parental religious training is concerned, each patient had had religious training, the amount of this tending to be more in those cases where the father was living, also where the patient was male. Five of the six males had been Bar Mitzvah, the exception being case #1. Of the four women, all were versed in ritual observance in accordance with their respective organizations. Two women (#2, #9) had listened during the Hebrew teaching sessions of their brothers, and probably resultantly had what might be termed a superior knowledge of Jewish learning. One patient (#10) was himself a noted Bible and Talmud scholar. It is interesting that in the two case instances (#9, #10) where Orthodoxy was most strictly observed due to the presence in the home of a grandfather and father who were professional cantors, these patients had broken away to the Conservative Temple and atheism respectively.

CHAPTER V

SOCIAL CASE WORK IMPLICATIONS

It has long been known in case work circles that approach to any aspect of the topic of religion stimulates defense mechanisms because of the personal nature of religious belief. It has long been known, too, that religious attitudes may be regarded as diagnostically interesting because of the opportunity for projection permitted in thinking in this area, and also because of the superego forces generated in adherence to religious codes. Consequently, any study concerned with any aspect of religion as this related to people is of interest to the social worker.

In the presented case studies of the parent-child relationship and parental religious attitudes as factors in the formation of the religious attitudes of ten Jewish mental hospital patients, there is a vast storehouse for speculation regarding dynamics, as these seem to leap from the patients' quoted statements. However, it must be remembered that the case material presented here is actually only a fragment of the total case picture and personality profile. Only a psychiatrist or analyst after long association with the patient can make a statement as to whether in a particular case instance there is a relationship between the religious attitude and a psychological reaction to a parent figure. We must be wary of ready generalizations, and recognize that the factors making up an attitude can be extremely complex, extending into a variety of spheres. This does not mean, on the other hand, that we must outlaw speculation and consideration of any one factor because, due to the complexity of personality structure, definiteness regarding the basis of a specific attitude formation is beyond the limited sphere of the case worker. Sometimes it is possible for us to recognize patterns as fertile ground for a certain kind of

attitude formation and herein lies the only function wherein this study has significance or value.

The patterns which we seem to see pictured in the case presentations are that, where there is a strict, forcing parent figure, it is not an infrequent reaction for there to be revolt against this figure. This revolt can be expressed either actively through aggression or passively through withdrawal or non-assimilation. Hence, the valued attitudes or beliefs of the parent may be a conscious or unconscious target for non-acceptance or difference. Also, because transference is a psychological reality, any area wherein an idea or concept can, by association, be symbolized by parent figure, it is possible to carry over to the symbol-object the same feelings held toward the parental figure. It is exceedingly interesting that in this group of case studies in which so many instances of hostility towards a parent are noted, there is simultaneously a large proportion (30%) of marked breaking away from the parental God figure, and also a large proportion (50%) of limited transition in this area. Then, too, it is interesting that in this group of case studies sibling rivalry and feelings of being rejected or unloved have entered frequently into the case situation. We can wonder whether this indicates, perhaps, a projection of an inability to achieve acceptance by the parents into a feeling of being inadequate in God's eyes, necessitating the formation of a defense reaction in terms of non-acceptance of religion and disinterest in observance.

Another factor of interest to the case worker is the information that, within the supposedly unified Jewish group, there is so much variance at the present time in religious attitudes and observance. We have seen that degree of Orthodoxy can be a source of conflict among family members. In those instances where the religious organization of

the parents differs, or where the child is breaking markedly with the parental religious tradition, severe emotional strain may arise from this source. In other words, the case worker must be aware of the cultural differences between the Orthodox, Conservative and Reform Jew, seeing them in their distinctiveness and recognizing that, in accordance with this differentiation, a new pattern of training, family relationships, and philosophy may evolve. It can be anticipated that in those family situations where transition or progression is occurring there will be considerable feeling and perhaps even conflict, for the Orthodox culture has deep roots and change from it may call forth emotional disturbance expressed through ambivalence, anxiety, or guilt reaction.

the parents differs, or where the child is breaking markedly with the parental religious tradition, severe emotional strain may arise from this source. In other words, the case worker must be aware of the cultural differences between the Orthodox, Conservative and Reform Jew, seeing them in their distinctiveness and recognizing that, in accordance with this differentiation, a new pattern of training, family relationships, and philosophy may evolve. It can be anticipated that in those family situations where transition or progression is occurring there will be considerable feeling and perhaps even conflict, for the Orthodox culture has deep roots and change from it may call forth emotional disturbance expressed through ambivalence, anxiety, or guilt reaction.

CHAPTER VI

SUMMARY AND CONCLUSIONS

From interviews with ten Jewish patients of varying degrees of religious groupings admitted to Boston Psychopathic Hospital between January 1 and June 1, 1947, it has been the writer's purpose to present a description of the nature of the child-parent relationship and also a description of the source and quality of parental religious training as two possible factors in the formation of religious attitudes. A connection between the child-parent relationship and the formation of religious attitudes has been suggested for speculatory purposes. It was hoped that from the case study findings we might gain information on: 1) the nature of the religious organizations of this group of patients in relation to that of their parents, 2) the extent of the religious education given to the patients, 3) in what cases there was a marked change in religious attitude from parent to child, 4) in the cases of marked change in religious attitude was there a difficult child-parent relationship, and 5) what are the case work implications of these findings.

Before attempting to set forth any findings which may be drawn from this investigation, it should be stressed that, in accordance with the function of Boston Psychopathic Hospital, these case studies are based on patients hospitalized for mental disorder and hence represent the pathological in contrast to the normal and the usual. The ten patients selected for study represented more than a quarter of the Jewish patients hospitalized during the five months project period, the primary factor being good orientation and contact with reality. It will be noted that the majority of patients studied fell into the Orthodox category, the distribution

lessening towards the Reform extreme. It was interesting that an equalization of interviewing of Orthodox and Reform patients was not possible because of the comparative non-admittance of Reform patients to the hospital during the project period. It will be noted, too, that the patient group was heavily weighted with boy adolescents (#1, #6, #7), and that the distribution of broad diagnostic categories was weighted in the illnesses of schizophrenia and manic depressive psychosis. Only one patient was referred to the hospital by the Court, this being on a "stubborn child" charge referred by the patient's mother. This representation is not deviant from the over all Boston Psychopathic Hospital statistics, which indicate that the higher proportions of admission ratio among Jewish patients fall into the diagnostic areas of the affective psychoses and psychoneuroses, implying a possible low emotional support element in the religion due to the inculcation of a highly charged superego in the process of religious training. The Hospital statistics show, too, that very few Jewish persons are admitted under the category of court cases, indicating a possible conclusion from this one source of statistics that as a group the Jews represent a markedly law-abiding people. Because of the relatively few cases studied and also because of the nature of the patient group, any conclusions that are drawn are applicable only insofar as these case studies are concerned.

To summarize the ten cases studied, we may say that: 1) in three out of the ten cases, the patients broke from the religious organization of both parents, i.e. Orthodox to Conservative, Orthodox to Reform, and Orthodox to Atheism; 2) in two more cases, the religious attitudes of the patients differed in degree from those of both parents, the differences being towards less rigid observance; 3) in three additional cases the religious attitudes ot the patient deviated from those of at least one

parent; 4) only in two cases out of the ten studied was the attitude of the patient similar to that of both parents, the one Reform patient falling into this group; 5) the trends indicated in the study as a whole were, firstly, movement away from the rigidity of the Orthodox towards the freer groups and, secondly, movement towards moderate and lax observance in the chosen organization. The total number of cases in which deviance was noted between the patient's religious attitudes and that of the parents totalled eight.

If we attempt to account for this marked progression in attitude on the basis of the extent of the religious education given to the patients, we find that each patient had had religious training, the amount of this tending to be more in those cases where the father was living, also where the patient was male. Five of the six males had been Bar Mitzvah, and all of the women had been trained in the performance of observance in accordance with their respective organizations. It was interesting that in the two case instances where Orthodoxy had been most strictly observed due to the presence in the home of a grandfather and father who were professional cantors, these patients had broken away to the Conservative Temple and Atheism respectively.

We have seen that in eight out of the ten cases studied, deviance was noted between the patient's religious attitudes and that of the parents. Of these eight cases, six patients expressed hostility towards a parent, this being divided equally between father and mother. However, it should be noted that in two of the three instances where hostility toward the mother was verbalized, the father was deceased. There was one case instance in which hostility toward the father was indicated, but no religious movement was expressed. This patient already belonged to the Reform group. Parental hostility was particularly marked among

adolescent patients and was more prominent amongst the male rather than the female patients.

In attempting to evaluate the social case work implications of the case study findings, it must be recognized that because of the complexity of personality structure, it is possible only for a psychiatrist or analyst to know whether in a particular case instance there is a relationship between the religious attitudes and a psychological reaction to a parent figure. However, from the case material, it is possible to recognize general patterns from which certain types of attitude formations may stem. In those case instances where there was a strict, forcing parent figure, revolt against the parent figure was expressed either aggressively or passively through withdrawal or non-assimilation, the latter form including non-acceptance of parental beliefs and values. Then too, there seemed to be a pattern of transferring feelings around the parental figure onto symbol objects which could, by association, be connected with this. Thus, in these case studies, we see not infrequently that there was simultaneously hostility toward the parent and a breaking away from the parental God figure. Not infrequently, too, feelings of sibling rivalry and of being rejected were present in the case situation, indicating a possible projection of an inability to achieve parental love into feeling unloved by God, calling forth the defense reaction of non-acceptance of religion. We have noted the marked hostility and breaking away tendency of the three adolescents in the group. The question might well be raised as to whether this is a pattern which might be termed normal considering their developmental stage.

Another area in which this study is of interest to the social worker is its presentation of the differentiations and conflicts between present day Orthodox versus Reform trends. We have seen that within the

supposedly unified Jewish group, there is much variance in religious attitudes and observance, this being a possible source of intra-family conflict. Because Orthodox Judaism is more than a religion, being a culture and a way of life requiring of its youth binding adherence to God's teachings and early learning of language, ritual, and ethics, it is anticipatable that, in breaking from its traditions and from the parental Orthodox religious traditions, there will be accompanying feelings of ambivalence, anxiety, and guilt.

As social workers, we should be aware of the extent and nature of conflicts originating from this source before we can handle them as they may arise in family case work, medical case work, or psychiatric social case work settings. As social workers, too, we are interested in keeping alert to any cultural or family pattern changes which may accompany marked religious attitude progression.

Recommendations

The above represents the summation of the findings of this study, fulfilling the purpose of its origination. The writer would like to stress that the study has been too limited in quantity of cases to permit statistical validity. Also, because of the pathological character of the patients studied, it may not be regarded as representative. However, the study findings are sufficiently provocative to warrant further research in this area. It is felt that we need more information on the extent of present day variations and change in religious attitudes between the different generations and between the various organizations of the Jewish group. How much of this indicated breaking away trend can be related to parental relationships, and how much of it can be related to the evolution of the Reform movement or perhaps to sociological processes? It would be helpful

for an investigation to be made of the range of factors and the relative importance of factors which are creating this intra-group movement. Also, so that we might have a better understanding of the source of this phenomenon, it would be exceedingly interesting for a similar investigation to be performed for the Catholic and Protestant groups.

It is the writer's strong feeling that a vast area of interest lies here for future exploration, offering valuable material for study not only in the above spheres, but also, for the qualified, in the field of treatment techniques.

Approved,

Richard K. Conant

Richard K. Conant, Dean

BIBLIOGRAPHY

Books

Asch, Sholem, East River. New York: G. P. Putnam's Sons, 1946.

Baron, Salo W., The Jewish Community. Philadelphia: The Jewish Publication Society of America, 1942.

Bernfeld, Simon, The Foundations of Jewish Ethics. New York: The Macmillan Company, 1929.

Briggs, L. Vernon, History of the Psychopathic Hospital Boston, Massachusetts. Boston: Wright & Potter Printing Co., 1922.

Burstein, Abraham, Religious Parties in Israel. New York: Bloch Publishing Company, 1936.

Chapple, E. and Coon, C., Principles of Anthropology. New York: Henry Holt and Company, 1942.

Cohen, A., Everyman's Talmud. 1931.

Cohon, Beryl D., Introduction to Judaism. New York: Bloch Publishing Company, 1929.

Cohon, Samuel S., What We Jews Believe. Cincinnati: Department of Synagogue and School Extension of the Union of American Hebrew Congregations, 1931.

English, O. and Pearson, G., Common Neuroses of Children and Adults. New York: W. W. Norton & Company, Inc., 1937.

Finkelstein, L. et al., The Religions of Democracy. New York: The Devin-Adair Company, 1941.

Flugel, J. E., The Psycho-Analytic Study of The Family. New York: The International Psycho-Analytic Press, 1921.

Goodman, Paul, A History of The Jews. New York: E. P. Dutton & Co., 1919.

Goodspeed, Edgar J. (Translator), The Complete Bible. Chicago: The University of Chicago Press, 1939.

Heller, Bernard, The Jewish Concept of The Chosen People. Cincinnati: The Tract Commission, Merchants Building, 1940.

Joseph, Morris, Judaism As Creed And Life. New York: Bloch Publishing Company, 1925.

Jung, Carl G., Psychology and Religion. New Haven: Yale University Press, 1938.

Kardiner, Abram et al., The Psychological Frontiers of Society. New York: Columbia University Press, 1945.

Kardiner, Abram, The Individual And His Society. New York: Columbia University Press, 1939.

Klineberg, Otto, Race Differences. New York: Harper & Brothers Publishing Company, 1935.

Levinger, E., and Levinger, L., The Story of the Jew. New York: Behrman's Jewish Book House, 1928.

Levinthal, Israel H., Judaism. New York: Funk and Wagnalls Company, 1935.

Levy, Beryl H., Reform Judaism in America. New York: Bloch Publishing Company, 1933.

Liebman, Joshua L., Peace of Mind. New York: Simon and Schuster, 1946.

May, James V., Mental Diseases. Boston: Richard G. Badger, 1922.

Menninger, Karl A., The Human Mind. New York: Alfred A. Knopf, 1946.

Pratt, James B., The Psychology of Religious Belief. New York: The Macmillan Company, 1907.

Smith, William C., Americans in the Making. New York: D. Appleton-Century Company Inc., 1939.

Wechsler, I. S., The Neurologist's Point of View. New York: L. B. Fischer, 1945.

Theses

Bye, Lilian, "The Mother's Status in Different Cultural Groups and Its Importance as It Relates to Case Work Treatment". Boston University. 1947.

Ogilby, Anne P., "Environmental Factors and Mental Disturbances, a Study of Sixty Patients with Boston Residence Admitted to the Boston Psychopathic Hospital". Simmons College. 1946.

APPENDIX

APPENDIX A.

SCHEDULE

I. IDENTIFYING INFORMATION

Name
Born   Years in U.S.   Mass.   City
Age
Citizenship   U.S.
Occupation
Economic Status
Education
Marital Status
Cause of Admission

Diagnosis

II. PARENTS

Born   Mother
    Father
Years in U.S.
Occupation   Father
    Mother

III. SIBLINGS

IV. RELIGION

A. Evaluation of Patient's religious organization
    1. Self termed organization

    2. Religious Affiliation membership

    3. Extent of formal religious education

    4. Degree of observance

B. Patient's Evaluation of Father's Religious Organization
   1. Organization as stated by Patient

   2. Religious Affiliation Membership

   3. Degree of observance

C. Patient's Evaluation of Mother's Religious Organization
   1. Organization as stated by Patient

   2. Religious Affiliation Membership

   3. Degree of observance

V. EVALUATION OF PARENTAL-CHILD RELATIONSHIP
   A. Source of Protection
      1. Which parent was source of leniency?

      2. Which parent was source of emotional support?

   B. Source of Authority
      1. Which parent was source of punishment?

2. Which parent was source of permission?

3. Which parent was source of final decision?

C. Where there is parental differentiation of function regarding the above areas, what were these?

D. Was the above the same for patient's siblings?

E. Where hostility is indicated, towards which parent is this directed?

VI. INFORMATION REGARDING RELIGIOUS TRAINING OF PATIENT BY PARENT

A. What was parental attitude around training regarding religious observances?

1. Did this differ between father and mother? If so, in what ways? Did this differ for siblings?

B. What was the parental attitude around training regarding cultural heritage?

1. Did this differ between father and mother? If so, in what ways?

C. What was the parental training regarding the ethics of Judaism?

1. Did this differ between father and mother? If so, in what ways? Did this differ for siblings?

D. What is the patient's attitude toward religious observance?

1. In what ways does this differ from the parental attitude?

E. What is the patient's attitude regarding cultural heritage?

1. In what ways does this differ from the parental attitude?

F. What is the patient's attitude regarding the ethics of Judaism?

1. In what ways does this differ from the parental attitude?

VII. SUMMARY OF CASE FINDINGS

VIII. SOCIAL CASE WORK IMPLICATIONS

7799-1
ww

BOSTON UNIVERSITY
1 1719 02574 2331